

Key inspection report

Care homes for older people

Name:	Clanfield
Address:	3 Toll Bar Road Islip Kettering Northants NN14 3LH

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Anthea Richards	1 5 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Clanfield
Address:	3 Toll Bar Road Islip Kettering Northants NN14 3LH
Telephone number:	01832732398
Fax number:	01832734094
Email address:	crss468@aol.com
Provider web address:	

Name of registered provider(s):	Mrs Paulette Yvonne Crossley
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	13
old age, not falling within any other category	0	12
physical disability	5	0
Additional conditions:		
No more than 5 service users may fall within the category of Physical Disability (55 years and over).		

Date of last inspection	0	3	0	3	2	0	0	9
-------------------------	---	---	---	---	---	---	---	---

Brief description of the care home
Clanfield is a care home providing personal care and accommodation for 30 service users who are over 65 years of age and up to 13 whom also have dementia-related care needs. up to 5 of these residents may have a physical disability.
Clanfield is privately owned by Mrs Paulette Crossley who is also the Registered Manager.
The home is located in the village of Islip. The village of Islip, although quiet, is on the

Brief description of the care home

outskirts of the town of Thrapston. There are, therefore, numerous shops and other community facilities within a reasonably short distance, although transport would be needed for this resident group to travel into the town.

Clanfield is a two-storey house, with lift access to the upper floor, set in large and attractive gardens and providing a peaceful setting for the residents

There are twenty single bedrooms and five shared rooms with eleven of the single bedrooms having en-suite facilities.

The following fees were provided by the registered manager as being current at the time of the inspection.

Fees range between £ 485.50 to £517.50.

The fees include personal care, accommodation and meals. Chiropody and hairdressing services can be arranged and are charged separately. Other costs would include clothing, toiletries and newspapers.

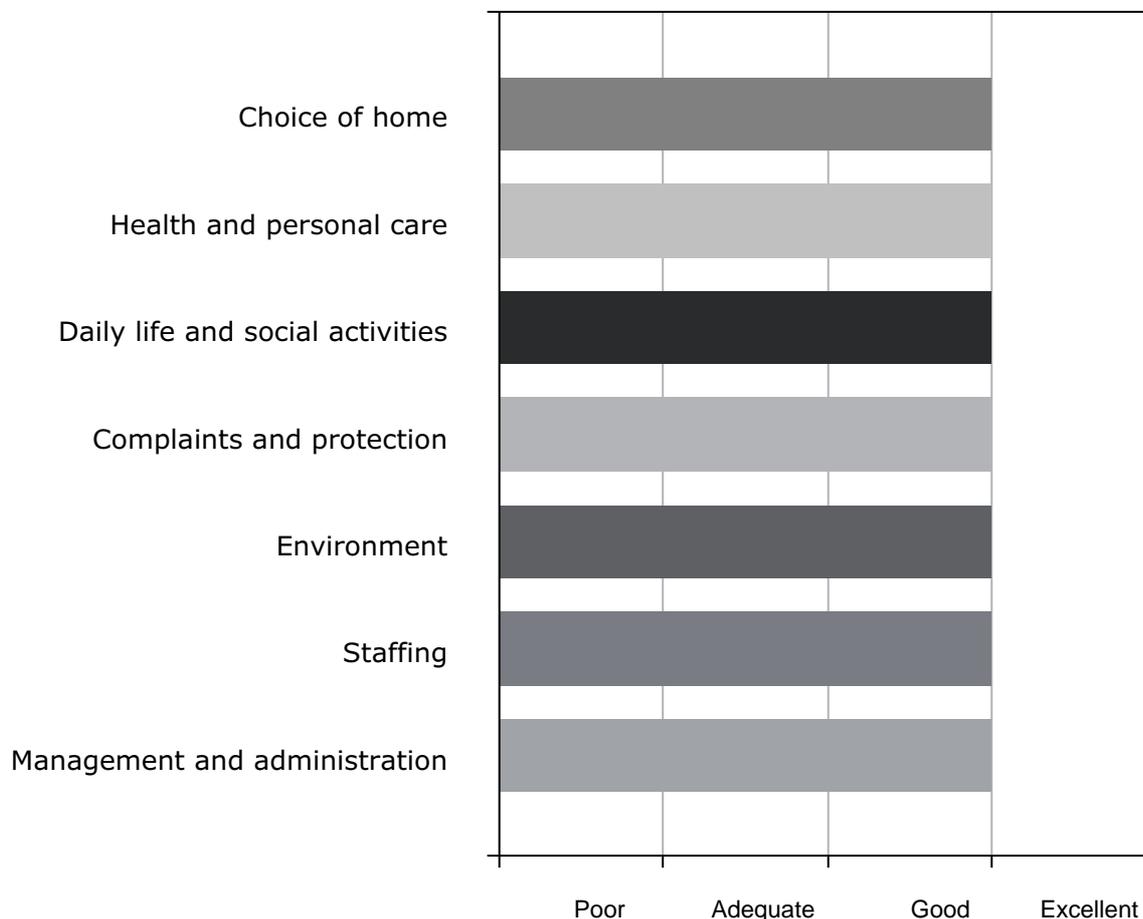
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was a key inspection of a care home for older people, which ended with an unannounced visit to the service. Before the visit we [throughout the report the use of 'we' indicates the Care Quality Commission], spent four hours reviewing information received by the Care Quality Commission [CQC] since the last Key Inspection on the 3rd March 2009.

The visit took place on the 15th January 2010 and lasted seven hours.

During the visit we checked all the 'key' standards as identified in the National Minimum Standards.

This was achieved through a method called 'case tracking'. Case tracking means that we looked at the care provided to three of the residents.

To achieve this we spoke with the staff supporting their care and looked at the records relating to their health and welfare. We spoke with the residents and their families.

With their permission the residents' bedrooms were looked at.

We also checked how the home was run and organised. This included looking at staff

records, training and how the staff are organised.

We looked at health and safety records, menus, minutes of meetings and the quality audit.

The policy for handling complaints and how the home dealt with them was checked.

We looked at how prospective residents and their families are given information about the services the home can offer and whether they are suitable for them.

We checked the Annual Quality Assurance Assessment [AQAA] that the home had sent to us. This describes the services provided at the home for the residents, how the home is hoping to improve services and statistics about the residents and the staff.

The comment cards that we sent out were seen and comments made were noted.

During the visit we spoke with the homes' deputy and assistant managers, the staff trainer, the staff, the residents and visitors to the home.

What the care home does well:

The staff give good care with dignity, privacy and they relate well to the residents.

' The staff look after us well'

' The staff are very good'

The residents live in a clean, pleasant and well - maintained home with bedrooms that are personalised and suit their needs.

The home gives the residents a good and nutritious diet and they have choices in what they have to eat. ' The food's very good, we can choose what we want to eat'. The residents benefit from a staff and a manager who are committed to their care.

The home is committed to providing a staff who are well trained to give good and safe care to the residents.

What has improved since the last inspection?

The home have completed all the requirements and recommendations made at the last inspection.

They are providing improved activities for the residents.

They have listened to the residents and have changed the menus to suit them.

What they could do better:

The residents and/or their family should be encouraged to sign the care plans when they have been involved in the reviews.

The daily record of the residents day should contain a full record of their day or night.

The home should make sure that all the staff are up to date with current moving and handling practices.

The complaints form should contain all the required information and the dates of the complaint and how and when it was resolved.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The residents' needs are assessed by somebody from the home, before moving in and they have good information to help them make the right choice about the home.

Evidence:

The residents or their families who were 'case tracked' told us that they had seen the Statement of Purpose and had been given the terms and conditions. The Statement of Purpose contained thorough information that described the services that the home provided. These documents could be made available available in other formats including large print and other languages to give as many people as possible the opportunity to read them.

The manager or the deputy visits all prospective residents to complete a pre assessment of the residents' needs, to make sure that the home can meet them. This also gives the resident the opportunity to meet someone from the home who they can recognise when they are admitted. This makes sure that the home has a full picture of

Evidence:

the resident before they are admitted. Prospective residents are given the opportunity to visit the home. Assessments by the home and social services were seen in the residents' care plans and the residents and the families spoken with said that they had seen the manager or the deputy before they came in. The staff spoken with told us that they always knew about the resident before they were admitted.

The current registration certificate from the Commission for Social Care Inspection (CSCI) was displayed in the entrance of the home with the latest report from the CSCI and an up to date public liability insurance certificate.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff meet the care needs of the residents well, with privacy, dignity and respect.

Evidence:

The records for the residents who were 'case tracked' were found to contain good individual evidence of the care being given to them and reflected the care that they needed. There was evidence that the care plans are regularly reviewed and the residents and the families spoken with confirmed that they could be involved and were aware of the care to be given and that they were happy with it, although there was no evidence that the resident or their family had signed them.

There are records of the residents weight and a nutritional assessment in the care plans to make sure that they are eating properly and not losing weight.

The home were making good progress with 'person centred' care plans, making sure that the residents have their care as they would like it and that they continue their interests and involvement in the community.

Evidence:

The care plans are being reviewed as they are repetitive and the home wishes to make them clearer and easier to work with.

A District Nurse who was visiting told us that the home gave excellent care, that the staff and the manager were excellent, very caring and that the residents were always well looked after and that they were always referred to them in plenty of time and that they carried out instructions well. Comments received on the day and in the surveys received by us included:

' The staff are excellent'

' I was involved in the review'

' The staff are very good'

' They always let me know about any changes'

There are records of the involvement of G.P.s, district nurses, chiropodist and optician, where needed in the care plans, showing that thorough health care is being provided for the residents. The residents and their families spoken with said that they could see the doctor and other health professionals when they needed to.

The daily record of care was up to date and some contained details about the residents' day and night. Some did not have the detail that was needed and staff should be instructed in what should be included in them. This will make sure that the staff know what has happened to the resident during the day or night.

We saw residents being treated with dignity and respect when staff spoke with them and undertook their care, particularly when moving them.

We did see one incident where a resident was lifted with a handling belt and an underarm lift, which should not be used as it could damage the resident and/or the staff. We spoke with the moving and handling trainer who confirmed that this should not be happening and that she would address it. The staff were due to have a moving and handling update in the next few days.

There were risk assessments in place to cover all the identified risks for the residents and how the staff should manage those risks. This makes sure that the residents and the staff are protected from any risks that have been identified, without restricting their activities.

Evidence:

Medication records for the case tracked residents were in order. Medicines are given by senior care staff who have regular updating in medicines. We saw that the medicines were administered individually and the residents were seen to be taking them. Medicines are supplied in a 'monitored dosage system' where each tablet is in a separate 'pop out' card, which is a safe method of administration, helping to make sure that the resident is always given the right medicines. The staff spoken with were knowledgeable about the medicines and where to obtain information. They were also aware of the requirements for the receipt, storage and disposal of medicines.

Whilst a record of the medicines received is not kept on the medication administration record, there is an accurate record kept in separate records that are checked weekly.

The manager carries out a monthly written audit of the medicines and the medicine sheets to make sure that they are correct.

The controlled (dangerous) drugs were checked and found to be correct with two signatures for each entry. The pharmacist has recommended that a new storage facility for controlled drugs be obtained and we were shown records to show that this has been ordered.

There was a self-medicating policy in place but there were no residents looking after their own medicines at that time.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The residents enjoy the activities that they want to and have their spiritual and nutritional needs met.

Evidence:

The staff were seen to be spending individual time with the residents reading the newspaper doing a cross word and singing with the residents.

A group of residents were watching television which they said that they were enjoying.

Activities that the residents told us that they enjoyed in the home included: singing, talks, music, memory games, bingo, weekly outside people doing exercise and motivational classes. The residents, families and the staff told us about the activities and how they enjoyed them. They said that there was plenty to occupy them.

The home has added a fishtank to the home and the residents enjoy watching the fish and there has been an aviary built in the garden that is starting to have birds placed in it.

There is a regular religious service held in the home and the clergy may visit

Evidence:

whenever the residents would like.

A hairdresser visits weekly, which the residents enjoy.

The families spoken with said that they were made very welcome in the home, which we saw whilst we were there.

The residents spoken with said that the food was good and that they had a choice of what they had. The menus were varied and had recently been changed to include more choices at teatime. The lack of teatime choices had been commented on in our surveys and the homes questionnaires.

Comments made by the residents included:

' The food is good and I can choose what I want '.

We spoke with the residents during their lunch, which was served attractively and they told us that they were enjoying.

The husband of a resident was having lunch with his wife and a separate private area was made available for them.

The staff were seen to be sitting with individual residents helping them with their meals.

The cook is happy with the quality and amount of food supplied. She is aware of different diets such as vegetarian and diabetic.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are systems in place to support and protect residents and staff are aware of the processes.

Evidence:

There is a Complaints policy in place which gives the details of how to complain and who to complain to in the home if they needed to. A form for entering a complaint and being able to see that it had been dealt with in the correct way and in the correct time was not available. The policy could be made available in a large print and other languages if it was required to make sure that as many people as possible could read it.

Neither the home or the Care Quality Commission has received any complaints since the last inspection on 3rd March 2009. The residents and the families spoken with were aware of the policy, of how to complain and who to complain to. They were happy that their concerns would be listened to and acted on. The staff spoken with were aware of how to handle any complaints.

The staff spoken with were able to describe how they would deal with an allegation of abuse, knew the areas where abuse could happen and could describe the process that they would go through if they suspected any abuse.

They confirmed that they had had training in safeguarding adults and whistle blowing

Evidence:

and the manager and the records seen supported this. They were confident that the management would handle any issues correctly.

We looked at the accident book, which had been completed correctly.

These practices make sure that the residents are safe from any abuse and that any concerns are handled correctly.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The residents are protected by the policies and procedures in the home to provide a safe and pleasant environment.

Evidence:

Clanfield is a two storey, converted house the rural area of Islip close to Thrapstone in Northamptonshire. There are bedrooms on both floors and the first floor can be reached by the stairs or a passenger lift.

There are lounges and a dining room on the ground floor giving the residents a good choice of where they wish to sit.

The home was clean, warm and welcoming with all areas being furnished well and suitable for the residents.

All of the bedrooms seen had been personalised and were found to be clean and well decorated. The residents spoken with were happy with their rooms and said that they were able to bring their own belongings in with them.

There was evidence of equipment in the home to help the residents, such as wheelchairs and special mattresses. There was a good provision of bathrooms in the home and most were were found to be clean and clear of any items that could cause a

Evidence:

hazard for the residents. One of the bathrooms did contain toiletries that could create an infection control risk or a hazard if anyone drank them but these were removed before the end of the visit. There was a patio area and garden that were easily reached by the residents and made a pleasant place to sit for them. A bird aviary had been built in the garden and was being stocked with birds which the residents will be able to watch.

The residents and the families spoken with were happy with the cleanliness of the home, and told us that the staff worked hard to keep it clean. There are staff employed to complete the cleaning in the home and they have had training in health and safety. The cleaning products are stored in a locked cupboard, which we saw.

The records for hot water testing had been completed and all the temperatures were within the recommended levels.

The fire records for testing alarms and fire drills and training were looked at and found to be up to date. The staff spoken with told us that they had regular training and fire drills.

There was an up to date registration certificate and public liability insurance certificate displayed in the entrance

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The recruitment policy and the staff training meet the residents' needs and protect their safety.

Evidence:

We looked at two staff files and the required information was complete in all of them. This included evidence of identification, adequately completed application forms, two written references, a Criminal Records Bureau (CRB) check and a Protection of Vulnerable Adults check.

The manager makes sure that all the required documentation is in place before an employee starts work. This was confirmed by the staff spoken with, who told us that they could not start until they had all the paperwork in place.

The staff spoken with confirmed that they had received recent training in moving and handling and dementia awareness. The home employs an in-house trainer who makes sure that all the mandatory training is completed and arranges outside training where this is needed. She keeps a matrix with all the training courses that are arranged and when the staff need to attend them.

The residents and the families spoken with felt that the staff were well trained to do their job and that there were enough staff to look after them.

Evidence:

The induction programme that all the staff complete contained all the required mandatory training needs and a new member of staff works with an experienced one until the manager is happy that they are safe and competent to work on their own.

All of the care staff either hold a National Vocational Qualification (NVQ) at least at level 2 or are in the process of completing it. The home encourages the staff to progress and achieve these awards. We spoke with a member of staff who was beginning the award at level three.

The National Vocational Qualification is a qualification for care staff to make sure that they receive training in the needs of the resident group whom they are caring for.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The residents' safety is well protected by the practices in a home that is run in their best interests.

Evidence:

The owner/ manager is well supported by a deputy and an assistant manager both of whom are supernumerary staff, both of whom are completing the Leadership and management award.

There are regular meetings held for the residents and for their families, to discuss activities and menus in addition as to how the home is meeting their needs.

One of the management team is available to talk with the residents and the visitors every day. The residents and the families spoken with told us that they saw them daily.

There were quality questionnaires sent to the residents and their families every year

Evidence:

and the questionnaires that we saw on the visit confirmed this. The families and the residents told us that they had completed the questionnaires.

We saw the results of the questionnaires which were all found to be positive.

We received positive comments from the residents and the families at the visit, amongst which were that the staff were very supportive of them and their relative.

The residents accounts were found to be in order. There was evidence from the staff spoken and from the records seen with that they are having regular formal supervision with their 'line manager'. There are regular staff meetings held, confirmed by records held and by the staff spoken with.

All the areas of health and safety such as hot water temperatures and fire drills and alarm testing were found to be in order.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	16	22	That a record is kept of all complaints in a format that includes details and dates of investigation and action taken. That there is an accurate audit trail of the complaint	26/02/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	That the care plans are signed by the resident or their representative, or if they do not wish to that this wish is documented
2	7	That the staff receive instruction in the completing of Daily records to reflect an accurate account of the residents' day.
3	7	That staff are instructed in the correct methods of moving the residents and that these are documented in the care plans and risk assessments.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.