

Mrs P Crossley

Clanfield Residential Home

Inspection report

3 Toll Bar Road
Islip
Kettering
Northamptonshire
NN14 3LH
Tel: 01832 732398

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Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Requires improvement	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

This unannounced inspection took place on 19 November 2015. The service provides support for up to 30 older people who require support with their personal care. At the time of our inspection there were 22 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service however we found that improvements were required to the safeguarding procedures that were in place. Staff were unaware of how they could directly report any safeguarding concerns to external agencies and the providers policy contained out of date information. We also found that improvements

Summary of findings

were required to the timeliness of updates to people's risk assessments when people's needs had changed. There were enough staff to meet keep people safe however staff were not able to devote attention to people beyond meeting their care needs. The environment was maintained to ensure people were safe and there were robust recruitment procedures in place to ensure suitable staff were recruited. People were supported to take their medicines safely.

People were supported to have a balanced diet and monitoring systems were in place to ensure people remained within a healthy weight however mealtimes were not person centred. Improvements were required to ensure people were given adequate choices at mealtimes and to ensure people were supported to eat their meal with dignity. People's healthcare needs were safely met in a timely way by healthcare professionals and these were reviewed at appropriate intervals. The management team had a suitable understanding of the Mental Capacity Act and the responsibilities that the Act placed on them. Staff training was sufficient and staff had adequate support and guidance to perform their roles satisfactorily.

Strong quality assurance mechanisms were not embedded into practice at Clanfield Residential Home. This meant that the provider was unaware of policies that were no longer accurate or contained insufficient information. Medication audits were carried out however insufficient records were maintained in relation to this. The management team used staff to identify when improvements needed to be made to the service however the opportunities for providing feedback was not embedded into practice. Staff played their part in ensuring people received good quality care and had confidence in the management team.

This was a breach in regulation and you can see what action we told the provider to take at the end of the full version of this report.

People generally spoke well about the staff and said that they were treated well however people also gave feedback that staff did not always have sufficient patience with them. Staff showed empathy and kindness to people when they became distressed and understood how best to support them. People were given a choice about how they would like to spend their time and this was respected by the staff. Staff had a good understanding of people's backgrounds and there was evidence of them using this to encourage them to reminisce about their past.

People's needs were assessed and care plans were in place to ensure the service could offer appropriate support to meet people's needs however sufficient detail about the support each person required, from the start of their arrival was lacking. Care plans were regularly updated and people were supported in accordance with what was recorded in their care plan however they contained inaccurate and irrelevant information that had the potential for staff to provide inappropriate support. An interactive activity programme was in place and people told us they enjoyed the activities that were on offer within the home. People were invited to meetings about the home and they were asked for their input to make their lives better and to make suggestions for forthcoming events. People told us they felt listened to and their suggestions were acted on. People told us they did not have any complaints and would be confident to speak to the staff if they were concerned about something.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People felt safe living at the service however improvements were required to the safeguarding procedures that were in place.

Risk assessments were in place but they did not always contain accurate and detailed information.

There were enough staff to meet people's needs and the environment was maintained to ensure people were safe.

There were robust recruitment procedures in place to ensure people were supported by staff from appropriate backgrounds.

People were supported to take their medicines safely.

Requires improvement



Is the service effective?

The service was not always effective.

People were supported to have nutritious meals however mealtimes were not person centred and improvements were required to ensure people had sufficient choices with their meal and were supported to eat their meal with dignity.

People's healthcare needs were safely met in a timely way by healthcare professionals and these were reviewed at appropriate intervals.

The management team had a suitable understanding of the Mental Capacity Act and the responsibilities that the Act placed on them.

Staff training was sufficient and staff had adequate support and guidance to perform their roles satisfactorily.

Requires improvement



Is the service caring?

The service was not always caring.

People generally spoke well about the staff and said that they were treated well but they sometimes felt that staff did not have enough patience with them.

Staff showed empathy and kindness to people when they became distressed and understood how best to support them.

Requires improvement



Summary of findings

People were given a choice about how they would like to spend their time and this was respected by the staff.

Staff had a good understanding of people's backgrounds and there was evidence of them using this to encourage them to reminisce about their past.

Is the service responsive?

The service was not always responsive.

People's needs were assessed however further detail could be provided to ensure staff were clear about people's needs from their arrival.

Care plans were regularly updated however they also contained inaccurate and irrelevant information that meant there was a risk staff could provide inappropriate care.

An interactive activity programme was in place and people told us they enjoyed the activities that were on offer within the home.

People were invited to meetings about the home and they were asked for their input to make their lives better and to make suggestions for forthcoming events.

People felt listened to and their suggestions were acted on.

People told us they did not have any complaints but would be confident to speak to the staff if they were concerned about something.

Requires improvement



Is the service well-led?

The service was not always well-led.

There were not effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

The management team used staff to identify when improvements needed to be made to the service however the opportunities for providing feedback were not embedded into practice.

Requires improvement



Clanfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2015 and was unannounced. The inspection was completed by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using a service like this, or has experience of caring for someone who uses a service like this.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with ten people who used the service, one relative, five members of care staff, an activities co-ordinator, a laundry assistant, and two members of the management team. We also spoke with two district nurse that visited the service. We looked at care records relating to four people and three staff recruitment files. We also looked at other information related to the running of and the quality of the service.

Is the service safe?

Our findings

People described that they felt safe living at the home. One person said, "It feels homely, friendly and safe here. I've no worries, we all get on well together and I get everything I need." Another person told us they felt safe and said "I haven't had any falls since I've been here."

People were supported by a staff group that knew how to recognise when people were at risk of harm and they understood their responsibility to report any concerns in a timely way. Staff confirmed that they would report any concerns to their line manager immediately, and we saw evidence that the management team understood how to report concerns of abuse to the local authority and the Care Quality Commission (CQC). We reviewed notifications that had been sent to the CQC and saw that these had been handled appropriately. However staff were unaware of how they could report any concerns directly themselves if their manager was unavailable or it was not suitable for their manager to be involved. The provider's safeguarding policy was out of date and required updating as it referred to organisations that no longer existed. Clear guidance on how to report safeguarding concerns was not accessible to staff. The management team believed that staff should understand how they could report safeguarding concerns and would look into this further.

This was breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 13: Safeguarding service users from abuse and improper treatment

Staffing arrangements were sufficient to keep people safe however there was little opportunity for the care staff to spend any quality time with people. One person said, "I have a bell by the bed and someone will come if needed. I've no worries at all." Staff told us the increasing needs of people had impacted on staffing and whilst everybody received their support without any delay staff felt rushed. We observed staff responding to people in a timely way and answering call bells efficiently however there were occasions when people were asked to wait for a carer to come. The deputy manager confirmed that due to people's increasing dependency needs they were recruiting additional staff and in the interim period members of the management team assisted staff to provide care and support during busy times of the day.

Risk assessments were in place to identify areas where people needed additional support to keep them safe. Staff demonstrated they had a good understanding of the different risks to people, which included the risk of falls and confusion. Staff responded to people in an appropriate and manner so that these risks were reduced. Risk assessments were reviewed on a regular basis however they were not always updated in a timely manner following incidents where people's needs had changed. For example, after one person had fallen over, this had been recorded appropriately but their risk assessment had not been reviewed in a timely way to ensure that their needs were safely being met. However staff were aware of the person's changing needs and were able to tell us that they had increased the support the person received to mobilise and move around the home.

New staff were required to complete a rigorous recruitment procedure, which included an interview and a supervised trial visit. Staff were encouraged to give feedback about new staff's suitability and attitude to the role; if they were deemed suitable for the role and passed the interview, satisfactory employment or character references and background checks with the Disclosure and Barring Service (DBS) were requested. New staff were unable to start work until all checks had been completed with positive results.

People lived in an environment that was safe. Monthly maintenance checks were in place which ensured the building was safe, and the service employed a member of maintenance staff which carried out maintenance tasks in a timely way. People had emergency evacuation plans in place which ensured that staff quickly knew how to support people out of the building in the event of an emergency.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed them, and understood what they were for. One person said, "I get my tablets [when I need them]. They're for my arthritis." Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. Medicines that needed to be kept refrigerated were done so.

Is the service effective?

Our findings

People were supported to maintain a healthy diet and people's weights were regularly monitored to ensure that people remained within a healthy range. In circumstances that concerns were identified by care staff, referrals were made to dietitians and people's meals were adjusted to suit their needs. For example, people that had swallowing difficulties were provided with pureed meals and thickened fluids. However meal times were not person centred and people were not given choices about how their meals were presented to them. For example, one person that required a liquidised meal had all their food pureed together and for people's main meal everybody had condiments put on their meal and pudding without a choice. One person said, "I don't like all my food mixed up." People were not asked how they would like their meals presented to them, or if they wanted condiments added to them. We noticed that people did not eat all of their meals or puddings. People were given adapted equipment to enable them to eat their meals independently, however two people required staff support to eat their meals. Staff were not adequately deployed and we observed one member of staff supporting both people at the same time. This did not have a person centred approach and people were not supported with this in a dignified manner.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 9: Person-centred care

Staff ensured that people's healthcare needs were assessed and were safely met by healthcare professionals. One person told us, "I've not been seen by the doctors for a while, but I'm sure they [the staff] would call one if I needed one." Staff made efforts to obtain medical assistance for one person who was unwell. Staff showed flexibility to accommodate the doctor's schedule and ensure the person could be seen. They kept the doctor updated on the person's condition and ensured their health needs were met. People told us ongoing health problems were followed up, for example one person told us they had an appointment coming up at hospital to follow up on their eye problems. One relative said, "They take [name] to the doctors if needed. They've just had their flu jab." Staff were able to identify when additional healthcare assistance was required and referrals for the mental health team, chiropodist, opticians, and speech and language therapists

were evident for people that required them. We spoke with two district nurses who visited the service and they told us they had confidence in the abilities of staff to recognise when the service was unable to meet people's healthcare needs. The district nurses confirmed that staff requested assistance in a timely manner and acted on the advice and guidance they were left with. We found that one person had been diagnosed with a condition that the management team had little knowledge about. The deputy manager had made an appointment with the doctor to fully understand the condition and the support the person may require to ensure their needs were fully met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People received support from staff that had completed training which enabled them to understand the needs of the people they were supporting. One person said, "The staff are good. I would say they are helpful and well trained in what they do for me." Staff received an induction and mandatory training which included first aid, safeguarding, and health and safety. Additional training relevant to the needs of people were also included such as falls prevention, end of life care and supporting people with challenging behaviour. Staff competencies were tested following their training and if staff showed a lack of understanding they were supported with this during their

Is the service effective?

supervision meetings with management. One member of staff told us, “I get opportunities to do training courses. Some we have to do but others we can choose to do. I’ve done my NVQ 2 and 3, dementia awareness, mental health awareness, as well as all the training that we have to do.”

Staff had guidance and support when they needed it. Staff were confident in the management and were happy with the level of support and supervision they received. They told us that the management were always available to discuss any issues they had identified such as people’s changing care needs and we saw that members of the

management team worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. However we noted that supervision meetings were conducted on an irregular basis and staff did not receive an annual appraisal about their performance. The deputy manager confirmed that a member of the management team had recently completed a training course about how to conduct appraisals with staff and they were formulating a plan to conduct appraisals for all the staff.

Is the service caring?

Our findings

People generally spoke well about the staff and told us that they were treated well. One person said, "It's a very good home, and the care is very good." Another person said, "On the whole things are brilliant, the staff are lovely. We can have a laugh and a joke which I really appreciate." However we also received feedback that the care varied and was not consistently good. One person said, "Sometimes the care is better than others. Sometimes they've no patience with me and it makes me feel very frustrated when I'm not able to do things for myself." Another person told us, "Mostly the staff are rushed. I like the men [staff] better as I think they've got more patience." We observed that staff spoke kindly to people and supported people at their own pace. Staff were caring and showed concern for people's welfare. We did not observe people being rushed however interactions with people were mainly task focussed.

Staff showed compassion and empathy supporting people that became distressed. One person became unwell and needed medical assistance. Staff spent time giving reassurance to the person and spent a great deal of time resolving their concerns and looking after their emotional wellbeing. Staff put up a screen to protect the person's privacy and dignity and supported them whilst they were upset. Staff acted with kindness and care and the person was given suitable support and attention.

People were given choices about how and where they spent their time. Some people chose to spend their time in quiet areas of the home and others enjoyed joining in with activities. Staff respected people's preferences and supported them to go to where they wanted to be. We saw that people were given choices about where they would like to sit and people told us they were given choices about the clothes they wanted to wear.

The management team had an understanding of the advocate system and whilst nobody currently used an advocate to support them with their care the management team were aware of circumstances when this may be required and was in the process of identifying one for one person.

Staff had a good understanding of people's backgrounds and life histories and encouraged people to reminisce about their past. We heard one staff member respond to one person, "Is that an old navy saying?" and the person was encouraged to elaborate on what they meant. The staff operated a key worker system which ensured that at least one member of staff had a detailed knowledge about each person. We saw that the staff worked together as a team and all staff were knowledgeable about people's background.

People's relatives and friends were welcome at the home. There were no restrictions to the time of day people could visit, or the frequency of their visits. One person said, "I've got a daughter who lives away. She phones up sometimes and I can use the phone in the home to speak to her." Staff showed an interest in people's lives and understood what was important to them. Staff spoke to people about their families and offered explanations about when they would be next visiting. Staff also took care to resolve people's daily worries or requests. For example, one person requested a specific clothes protector whilst they ate their breakfast. A member of staff spent some time searching for the item the person required despite the person reassuring them that they would accept one of the other items. Staff showed pride when they were able to meet people's needs in the way they wanted.

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included an understanding of their needs and risk assessments to ensure their care could be delivered safely. We saw that basic care plans were in place for when people started using the service however improvements could be made to ensure staff were clear about how they could support people from the moment they arrived at the home. One member of staff said, “We don’t always know about new people’s needs until they’ve arrived and we get told at handover.”

Staff were knowledgeable about people’s needs and were able to describe how they provided care set to meet each individual’s needs and preferences. For example, one person preferred to wear trousers, needed to wear glasses all the time and required one member of staff to support them whilst they walked. All of these happened in practice and staff were able to meet people’s needs.

Care plans were regularly reviewed and updated however we also found that they contained out of date or irrelevant information that at times, made it difficult to understand people’s current needs. This meant that the format of the care plans forced the reader to read all the previous care plan information before people’s current needs were explained. For example one person’s care plan indicated that the person was mobile and did not require any staff support to mobilise and another section of the care plan recorded that the person required the assistance of two members of staff to stand up and mobilise. We spoke with the staff and they were aware of people’s changing needs and the support that people currently required. The deputy manager confirmed that all staff were made aware of any

changes and these were implemented immediately however the care plans had the potential to confuse staff as people’s current care needs were not always clearly explained throughout each document.

People’s hobbies and interests were also considered and people were supported to enjoy a variety of activities. Many people enjoyed a ball game tournament that was underway. One person said, “It’s all just a bit of fun!” Another person proudly joked that they had recently won a balloon tennis tournament. People’s interests were respected and people that liked to observe or spend time on their own were enabled to do so. Activities were spread throughout the day, people told us they enjoyed this and looked forward to the next session.

There were arrangements in place to gather the views of people that lived at the home via residents meetings. The management team were keen to get people involved in providing feedback and telling them how they wanted to spend their time. People’s views were listened to and acted on, for example, one person had asked for staff support to buy some Christmas presents and other people had asked for a choir to come and sing Christmas carols. Both requests had been facilitated and people told us they felt listened to.

People said they had no complaints about the service and most people felt they could talk to the staff if they were unhappy about anything. One person said “I can talk to the staff about things if I need to.” and one relative told us, “We’ve no complaints. We would just talk to the manager if we had any worries.” A complaints procedure was on display within the home and we noticed that at the beginning of each shift the deputy manager made efforts to talk to each resident to check how they were. The deputy manager confirmed they were eager to resolve any complaints as quickly as possible and we saw that action was taken to investigate any concerns.

Is the service well-led?

Our findings

Strong quality assurance systems to ensure people received good quality care were not embedded into the service. The registered manager held weekly meetings with the management team to gain feedback about the service and used their feedback to review the quality of care people received, however there were no formal audits of the service people received. For example there were no recorded audits of people's care plans. The deputy manager told us that other members of the management team were asked to look over care plans to ensure they contained clear and accurate information, however this process was not recorded and there was no evidence to show when changes had been requested or improvements had been made as a result of this. We reviewed the policies and procedures that were in place and found that not all of them contained accurate or detailed information. For example the safeguarding policy contained inaccurate information and the recruitment policy did not explain if or when staff would be required to have regular checks on their criminal backgrounds. There was no evidence people were at risk as a result of this as staff were knowledgeable about how to report safeguarding concerns and they were aware they would be required to report any criminal activities to the management team.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 17: Good Governance.

The deputy manager confirmed they completed regular medication audits, however these did not record if any errors had been identified or what action, if any, was taken following each audit. The deputy manager informed us they had recognised that the pharmacy the service had been using was unreliable and frequently required them to use another pharmacy to ensure everybody's needs were met. The deputy manager had identified this was a cause for concern and had found a new provider that would be able to meet the needs of the service and assist them with staff training and auditing.

The management team demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the management team and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them; however the registered manager did not have a strong presence and the day to day running of the home was left to the deputy manager.

The deputy manager confirmed that they used feedback from staff as a mechanism to identify when improvements needed to be made and to ensure that people were receiving good quality care, for example when people's care needs had changed. However the provider did not have robust procedures embedded into the service to capture staff feedback. The deputy manager told us that they had staff meetings and had trialled different methods to gain as much open and honest feedback as possible. For example by meeting staff representatives however staff had stated they would prefer full staff meetings and the management team had listened to this and a full staff meeting had been planned.

Staff told us they loved working at the home and they were familiar with the philosophy of the service and the part they played in delivering the service to people to enable people to have happy and comfortable lives. Staff took pride in their job and were proud that they had been with the service a long time, so knew people well. Staff enjoyed the stability of the staffing and management team and told us they all worked well together. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff complimented each other as a team and staff told us if they needed extra support they could request this from the management team and it was provided. Staff had confidence in the management team and told us they were approachable and listened to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not have appropriate safeguarding procedures in place and staff were unaware of who to contact externally to report concerns of abuse.
Regulation 13 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People were not supported to have sufficient choice about how their meals were presented to them, and to ensure the support they received to eat their meal was in a way that maintained people's dignity. Regulation 9 (3) (i)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Sufficient quality assurance mechanisms were not in place to ensure the service provided good quality care.
Regulation 17 (2) (a) (d) (ii)