

Mrs P Crossley

Clanfield Residential Home

Inspection report

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Northamptonshire
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Tel: 01832732398

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 27 July 2016.

Clanfield accommodates and cares for up to 30 older persons with a range of mainly age related dependencies, including people with dementia care needs. There were 26 people in residence when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were safe. Their needs were assessed before they were admitted to the home and regularly reviewed to ensure they received appropriate and timely care. They also benefited from being cared for by sufficient numbers of experienced staff that had received the training they needed to do their job safely. Staff knew what was expected of them when caring for older people, including those with dementia care needs, and they carried out their duties effectively and with compassion.

People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening. There were recruitment procedures in place that protected people from receiving care from staff that were unsuited to the job.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration. People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. People had enough to eat and drink and enjoyed their meals. People that needed support with eating and drinking received the timely practical help they required. Sometimes staff, however, needed to be better at keeping people with dementia informed about their meal, such as describing what was on the plate even if the person's comprehension of what was said had been compromised by their condition.

People's individual preferences for the way they liked to receive their care and support were respected. People's care needs had been assessed prior to admission and they each had an agreed care plan that reflected their individual needs. Their care plans were regularly reviewed and provided staff with the information and guidance they needed to do their job. People were enabled to do things for themselves by staff that were attentive to each person's individual needs and understood their capabilities. People received support from staff that demonstrated that they understood what was required of them to provide people with the care they needed. Staff were caring, friendly, and attentive, although at times they could be

better at engaging people in spontaneous conversation as they passed through communal areas.

People were treated with dignity and their right to make choices was upheld. There were imaginative activities to keep people entertained and constructively occupied if they chose to participate in them. People were kept informed of organised activities and were encouraged to make suggestions about what they wanted to do so plans could be made.

People's views about the quality of their service were sought and acted upon. The quality of the service provided was regularly audited so that people benefitted from any improvements that were made. People and their relatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to resolve matters to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had the experience, training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People received their care from staff that encouraged them to do what they could for themselves, enabling them to retain as much independence as their capabilities allowed.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

Is the service responsive?

The service was responsive.

People's needs were reviewed regularly so that they received the appropriate and timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the staff.

People were listened to and staff acted upon what they had to say.

Good ●

Is the service well-led?

The service was well-led

People received care from staff that had the managerial support and guidance they needed to carry out their duties.

People benefited from receiving their care in a home that was effectively and conscientiously managed.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements to the service.

Good ●

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 unannounced inspection was carried out by an inspector and expert-by-experience. The inspection took place on the 27 July 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke in private with eight people who used the service, as well as three family visitors to the home. We looked at the care records of six people. We spoke with the deputy manager who was in charge when we inspected and five staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We observed the care and support provided for people in the dining room during lunchtime.

Is the service safe?

Our findings

At our last inspection in November 2015 we found that the provider was in breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 'Safeguarding service users from abuse and improper treatment.' The provider had not ensured there were safeguarding procedures in place for staff to follow. At this inspection we found that the provider had addressed this and there were appropriate policies and procedures in place to inform and guide staff.

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff knew what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice and they had received safeguarding training. The staff we spoke with were able to explain the different types of abuse and understood their responsibility to report any suspected or actual abuse following the reporting procedures. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider and staff team worked co-operatively with the Local Authority to ensure people's safety and notifications relating to people's safety, such as accidents or incidents were made to the appropriate authority.

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. Staff had the time they needed to focus their attention on providing people with safe care. People were not rushed and they received timely and attentive care when they needed it. One visitor said, "I have no qualms at all about [name of person] being safe here [Clanfield]. They [staff] are ever so reliable and they know what they are doing. It's very reassuring."

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. Risk assessments were included in people's care plans and were updated to reflect changes to their care and the actions that needed to be taken by staff to ensure people's continued safety.

People were safeguarded by robust recruitment policies and procedures against the risk of being cared for by unsuitable staff. Checks were carried out under the disclosure and barring service [DBS] to confirm new staff were suitable to work in a care home. References were obtained from previous employers to verify the applicant's employment history and any previous training they had. Checks were also made to ensure staff were legally entitled to work in the United Kingdom, that they were of good character and were physically and mentally suited to do the job.

People's medicines were safely managed and they received their medicines as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff.

People were assured that regular maintenance checks were made on essential equipment used by staff, such hoists, to ensure people received safe care. Staff were also trained on the safe use of equipment. We observed a hoist being safely used on two occasions, with two members of staff present to assist the person

in and out of the equipment. On both occasions appropriate moving and handling techniques were evident and staff were mindful of checking that the person felt safe.

Is the service effective?

Our findings

At our last inspection in November 2015 the provider was in breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 'Person Centred Care' The provider had not ensured that people had sufficient choice about how their meals were presented and that the support people received to eat their meal maintained their dignity. We found at this inspection that the provider had taken action to improve this area of care.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. The staff kept daily records of people's foods and fluid intake and people's weights were closely monitored. Nutritional guidance was sought and followed from the relevant healthcare professionals in response to significant changes in people's weight.

People had enough to eat and drink and enjoyed their meals. Food was served hot and for people unable to help themselves their meal was presented on their plate in an appetising way.

People that needed support with eating and drinking received the timely practical help they required without compromising their dignity. Staff helped people that needed support with eating at a pace that suited them. People's experience of receiving that level of support could have been further enhanced by staff taking time to tell people what had been served on their plate before assisting them to eat their food. The dining room was conducive to the enjoyment of a meal, with well laid out tables set with condiments that people used. The timings of seating people at the tables should be reconsidered to minimise the time of some people with dementia having to wait for their food longer than necessary. It may have made their experience of the meal more pleasurable if they had been assisted to their table just prior to the meal being served rather than waiting for everyone else to be seated. Overall people's experience of the lunchtime meal was positive, with people enjoying their food. People sat eating happily and we heard people say "this [the meal] is good". Talking about food in general one person said, "I can't find fault with the food, it is really good". A visitor also said, "[Name of relative] eats well, no complaints whatsoever about what they [kitchen staff] serve up. They [kitchen staff] make an effort to find out what people enjoy eating, what they liked to eat when they cooked at home." Although we only heard one person being asked if they wanted 'second helpings' portions were generous and staff were knowledgeable about people's individual appetites.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties. People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. 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. Care staff acted in accordance with people's best interests. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received appropriate healthcare treatment from community based professionals that visited the home, such as GPs and community based nurses. Staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP.

People received timely care from staff that were organised. Staff went about their duties purposefully in an organised manner so that people consistently received their care when they needed it.

Is the service caring?

Our findings

People received their care from staff that conscientiously carried out their duties and made sure people felt valued as individuals. People's individuality was respected by staff that directed their attention to the person they engaged with. Staff used people's preferred name when conversing with them and their tone of voice was 'gentle' and they used words of encouragement when providing support.

People's dignity and right to privacy was protected by staff. One person said, "I like to sit in [room identified] because I like my privacy." People's personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way.

People received care and support from staff that knew them well. Staff showed an interest in people's lives and understood what was important to them. This was evident from what people said and from the information shared between staff at a 'staff handover' meeting that we attended. People were spoken of as individuals, each with their specific needs that staff were knowledgeable about. Staff knew about people's backgrounds and encouraged them to reminisce about their past when they conversed with them. Sometimes, however, staff had not always paused to initiate spontaneous conversations with individuals as they went about their duties and passed through communal areas where people were seated. Overall, however, people were treated with kindness.

People's visitors were made welcome. Staff said that people's relatives and friends were always welcome. A visitor said, "We are more than pleased with the welcome we get when we visit [name of person]. They [staff] are a 'jolly' lot, always kind and friendly."

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them. People with dementia might benefit from having their bedroom doors 'personalised' with a 'memory box' and meaningful pictures that may assist them in locating their room, but overall the living environment throughout was 'homely' and comfortably furnished in a style that the people living there and their visitors liked.

Is the service responsive?

Our findings

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their relatives or significant other people that advocated for them. If a person's ability to say how they preferred to receive care had been compromised then significant others, such as family members, were consulted if this was appropriate and in the person's best interest.

People benefited from receiving care from staff that responded promptly if they needed attention, so they were not left in discomfort or at risk. People's ability to care for themselves was assessed prior to their admission to the home and staff responsiveness to people's changing dependency needs was reflected in the recently revised care plans that were in place. One person's confidence had been shaken because of temporarily impaired mobility. Staff were instrumental in encouraging and supporting this person over time to steadily regain their mobility and confidence in their own physical ability to do things again. It was evident from the person's delight in telling us about this experience that the responsiveness of the staff had been a major contributory factor that they wanted to give staff credit for. They said, "It is lovely as I can walk now..." They also described other daily living activities they were able to do as a result of staff responding positively to the challenges the person faced and overcame with their support.

People were encouraged to make choices about their care and how they preferred to spend their time. People had a range of activities that included organised 'events' or that were on offer on a daily basis. These activities suited people's individual likes and dislikes.

People could freely choose to join in with communal activities if they wanted to. People were observed happily taking part in a game of bingo, mini carpet bowls, and a game involving passing a balloon around the room. These activities resulted in animated conversations and much laughter. A 'sports day' was planned in the garden for the weekend after our visit and included 'events to suit all at the home' as well as a BBQ, raffle and cake stall. A member of staff said that families came, "and everyone gets involved".

People benefited from the responsiveness of the staff team to getting involved in creating imaginative 'events' and providing opportunities to stimulate people's interest. The garden to the rear of the premises was particularly beautiful and bird feeding tables were strategically placed so that people were able to enjoy watching the birds. The garden was a valued resource that was used to enrich people's experience of the outdoors. The activity coordinator said, "My aim has been to get them [people] into the garden as much as possible as people respond better [enjoy and participate in activities]". For example, people had thoroughly enjoyed a 'medieval day' that had taken place the week prior to our inspection. One person said, "The medieval day was fantastic." Initially they had been reluctant to participate but the staff had persuaded them to give it a try. "They [staff] took me [into the garden] and it was brilliant. It was very well organised and it was a great event." This was the opinion of everyone we spoke with, including relatives that were visiting. The 'activity coordinator' said it took a lot of organisation and to make it special they had painted a 'coat of arms' for each person that was true to their family name. One visitor said the attention to detail and the

work that had gone into the event was "amazing".

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

At our last inspection in November 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3): 'Good Governance'. The provider did not have effective quality assurance systems in place. At this inspection we found that the provider had taken action to improve this area of care.

People were assured of receiving care that was regularly audited to ensure good standards were consistently achieved and sustained. People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff. These audits included, for example, checking that all staff were consistently adhering to good practice guidelines and following the procedures put in place to protect people from poor care.

People's care records were fit for purpose and had been reviewed on a regular basis since our last inspection. New formats for recording care plans were in place and senior staff regularly checked that the content accurately reflected people's needs and the care provided. Records relating to staff recruitment and training were also fit for purpose. They reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were also kept up-to-date and reflected decisions and actions taken to effectively manage the day-to-day running of the home. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated since our last inspection to reflect best practice and to provide staff with the current guidelines they needed.

People benefited from receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager had the experience of running and managing the home over several years, with the conscientious support of the staff team. The registered manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager, of from any of the senior staff. The staff team worked well as a team and were very supportive of each other so that people could rely upon receiving attentive care. Staff said there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff.

People were regularly asked if they were happy, relatives were consulted when they visited, and survey questionnaires were used to find out if there were aspects of the service that were unsatisfactory. The registered manager kept the Care Quality Commission (CQC) informed of events and incidents that needed to be reported. They also worked cooperatively with health care professionals and commissioners involved in monitoring the care of people that used the service. There were arrangements in place to find out what people thought about their care.

People had information on how to complain. There was an accessible complaints procedure in place and

for those people unable to speak for themselves because of their dementia their relatives or advocates were provided with the information and contact numbers they needed on how to raise concerns. This procedure was also prominently displayed on the noticeboard within the home. One person said, ""I have no complaints, I haven't heard of any either." They said they talked with others in the home and would soon hear if someone was unhappy. A visitor said, "They [senior staff] have always said, "Don't bottle anything up. If there's anything you see or hear that you don't like, tell us. Unless we know how you are feeling it's difficult to sort things out." They said, "That's the way it should be but it's always reassuring to hear it being said."