

Mr Roopesh Ramful

# Clifford House Residential Care Home

## Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 13, 14 and 21 July 2016.

Clifford House is a care home which provides residential care for up to 20 older people living with a range of medical conditions including diabetes and those living with epilepsy and Dementia.

The care home comprises of two floors situated within its own secure grounds and garden in a residential area on the outskirts of Andover town centre. The home has 20 rooms, a communal lounge and dining room with television, bathrooms and a small sitting area in the back garden with furniture for people, relatives and visitors to enjoy. Meals were served at people's choice in their rooms, lounge or dining room. At the time of the inspection 16 people were living at the home.

Clifford House has a registered manager 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. The registered manager was not present at the home during the inspection but was available to be spoken and communicated with during this time. Throughout this report care staff will be referred to as 'staff'.

The provider did not ensure that accurate records were in place to ensure there were sufficient staff deployed to ensure that people's individual needs were met in a timely fashion. The provider had not ensured that regular reviews of people's dependency needs were carried out to identify the correct number of staff required to meet people's needs.

The home did not always ensure that people living with dementia had appropriate opportunities to participate in meaningful activities to ensure they led a full and active life. We have made a recommendation that more activities for those living with dementia are made available to people.

Contingency plans were not in place prior to the inspection to ensure the safe delivery of people's care in the event of adverse situations such as a fire. This was brought to the registered manager's attention during the inspection and a detailed plan was then created. Fire drills were documented, understood by staff and practiced to ensure people were kept safe. However staff did not know what practices were in place to ensure people received a continuity of care in the event of an on-going adverse situation such as fire or flood which meant the home was inhabitable.

The provider had not always ensured that actions resulting from quality control audits had been completed in order to improve the quality of the service provided. The registered manager had not always taken steps to address these and ensured that appropriate actions were taken.

Care plans and associated paperwork were not always accurately updated when people's needs changes so

healthcare professionals would be able to provide the care people needed when away from the home.

Relatives and people told us they felt that the registered manager was not always a visible presence in the home. Staff told us they felt supported by their colleagues and senior staff however they did not always feel this support from the registered manager.

Relatives of people using the service told us they felt their family members were kept safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people. People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage these appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff.

People were protected from the unsafe administration of medicines. Senior staff responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management however were not regularly reviewed by the registered manager to ensure staff remained competent to administer people's medicines safely.

Care plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. People were encouraged and supported by staff to make choices about their care including how they spent their day either in the home or supported at external activities.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions in the best interests of people who lacked the capacity to make a specific decision for themselves. Staff sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed an understanding of what constituted a deprivation of a person's liberty. Appropriate applications had been made to the relevant supervisory bodies to ensure people were not being unlawfully restricted.

People were supported to eat and drink safely whilst maintaining their dignity and independence. We saw that people were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their support plans and were understood by staff. People were supported to eat and drink enough to maintain a balanced diet.

Relatives we spoke with knew how to complain and told us they would do so if required. When complaints had been made these had been successfully resolved to the relatives satisfaction. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and health/social care professionals were encouraged to provide feedback on the quality of the service during annual questionnaire quality survey questionnaires.

The registered manager promoted a culture which focused on people receiving compassionate and kind

care from accessible staff. People were assisted by staff who encouraged people to express their views and feel comfortable to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided.

Staff were not able to identify the provider's values of care delivery. However we saw these standards of care including staff being approachable, kind and caring were evidenced in the way that care was delivered to people.

The registered manager had fulfilled the legal requirements associated with their role. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

The provider was not able to evidence that people were always supported by sufficient numbers of staff to be able to meet their needs in a timely fashion. The provider did not consistently use a dependency tool to identify when people's needs changed and when additional staff were required.

Medicines were administered safely by senior staff however their on-going competence was not regularly assessed by appropriately trained managerial staff

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability for their role.

Risks to people had been identified and detailed recorded guidance was provided for staff to understand how to manage these safely for people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Documentation did not support that new members of staff had always received a suitable training or an induction process allowing them to possess the skills and knowledge required to meet people's needs in an effective way.

People were assisted by staff who demonstrated a detailed awareness of how to enable choice. Staff understood how to support people effectively so their individual needs were met.

People were encouraged to participate fully in mealtimes to ensure they ate and drank sufficiently to maintain their health and wellbeing.

**Requires Improvement** ●

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required.

### Is the service caring?

The service was caring.

Staff were compassionate and caring in their approach with people, supporting them in a kind and sensitive manner.

Staff had a well-developed understanding of people and had developed companionable and friendly relationships with people.

Where possible people participated in creating their own personal care plans to ensure they met their individual needs and preferences.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People living at the home were not always provided with adequate opportunities to participate in meaningful activities to ensure they lived an active and enjoyable life.

People's needs had been appropriately assessed by the registered manager prior to moving into the home. Staff had reviewed and updated people's care plans and risk assessments on a regular basis and when required. People received care that was based on their needs and preferences.

People's complaints, views and opinions were sought listened to and acted on in a timely fashion to improve the quality of the service provided. Action was then taken to ensure that these complaints were not repeated.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The provider had not always appropriately addressed areas of concerns identified through audit processes which were in place to improve the environment for people living at the home. The provider had not always ensured that documentation relating to

**Requires Improvement** ●

the care people received was appropriately and accurately completed and updated to ensure it met people's needs.

Staff were aware of their role and felt supported by their colleagues and senior members of staff however they did not always feel valued by the registered manager.

The registered manager promoted a culture which placed the emphasis on creating a homely environment where people were cared for by kind and caring staff.

The registered manager had fulfilled the requirements of their registration by informing the Care Quality Commission about important and significant events.

# Clifford House Residential Care 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 the 13, 14 and 21 July 2016 and was unannounced. The inspection was conducted by an adult social care Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service; on this occasion they had experience of family who had received residential care. The Expert by Experience spoke with people using the service, their relatives and staff.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people, two relatives and 10 members of staff including senior care staff, care staff, the cleaner, the chef and the registered manager. We pathway tracked five people's care which included looking at their care plans and associated daily care notes, six staff recruitment files, staff training records and six medicine administration records. We also looked at the staff rotas for the dates 16 May to 4 July 2016, quality assurances audits, policies and procedures relating to the running of the service, maintenance records and quality survey results.

During the inspection we spent time observing staff interactions with people which included lunch time sittings. After the inspection we spoke with an additional four relatives and were provided with additional evidence by the registered manager.

The last inspection was conducted on the 24 September 2014 where no concerns were raised.

## Is the service safe?

### Our findings

People and their relatives told us that they, and their family, members were kept safe at Clifford House. One person told us, "I do feel safe, it's a small home but it's nice". Another person said, "I do feel safe here".

However the provider did not have an effective system in place to ensure that people were always supported by sufficient numbers of staff to be able to meet their needs in a timely fashion. The provider had identified the numbers of staff which they believed were required in order to provide people with safe care. In the registered manager's absence during the course of this inspection this included three staff working an early morning shift, one member of staff working a shift which began at 9am, three staff in the afternoon and two members of staff who remained awake during their night shift. However these staffing levels were not subject to regular review or assessment to ensure they remained suitable to deliver safe care.

People's daily care notes included a dependency profile used to assess people's level of needs in a number of key areas such as mobility, breathing, nutrition, continence and behaviour for example. These assessments were used to determine if people's needs had increased or decreased allowing for staffing numbers to be altered accordingly. However these had not been regularly reviewed to ensure that people's level of needs were met by sufficient numbers of staff. We saw in care plans that people's dependency had been last assessed in January and February 2016 and had showed an increase in people's needs. However we could not see that this assessment had been continued to determine if the staffing level remained sufficient to provide safe care.

Some relatives we spoke with told us they felt there were insufficient members of staff to meet everybody's needs in a timely fashion however this was not a view shared by all. One relative told us, "Often there are not many staff at the weekends and most (are) downstairs not upstairs even though some residents are in their rooms". Another relative said, "There is a care plan and carers around if needed", another relative told us, "They (staff) are always stretched but they cope well". Staff also provided differing views when asked if there were enough staff to meet everybody's needs at the time people wanted. One member of staff told us that when the registered manager was not present in the home that their managerial role would be conducted by a senior member of staff. This senior member of staff was not additional to the levels of care staff available. As a result senior staff were conducting managerial duties and trying to provide care at the same time limiting their ability to do both efficiently. When this happened the member of senior staff would deploy another member of staff to mid-morning and mid-afternoon shifts to assist. Another member of staff agreed there was sufficient numbers of staffing to meet people's needs.

Staff said that despite feeling they did not always have enough staff in the mornings they would make sure that everybody received the care they required however on occasions people would have to wait additional time to be supported to get out of bed and assisted with bathing for example.

We could not see that people were not receiving the care at the time they required during the inspection, staff were able to meet people's needs at the time they requested it. However these staffing levels required regular review to ensure they remained sufficient in the event of people's changing dependency needs.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as accommodation loss due to fire or flood. Staff knew the initial fire response procedure and this was practised to confirm their understanding of the actions to take in an emergency. Staff were aware of a local agreement with a local church where people would be moved to in the event of an emergency that required immediate evacuation.

However the provider had not ensured that prior to the inspection suitable plans were in place providing guidance for staff if rooms were no longer suitable for habitation. This was brought to the registered manager's attention and one was created during the inspection which included the required guidance. In the event of an evacuation plans were in place which showed that consideration would be given to moving people to other local residential homes within the county to ensure continuity of care. The registered manager was aware of the need for a business continuity plan and ensured one was in place. Time was needed to share this guidance with all staff so they were aware of actions to take in the event of on-going unforeseen emergency events.

Safe staff recruitment procedures were followed by the provider to ensure people were supported by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment.

Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for their role.

Staff demonstrated their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. All staff felt confident that the registered manager would act promptly and effectively in response to any concerns raised. Staff knew the external agencies from which they could seek support when reporting and discussing safeguarding concerns including adult services and the care quality commission. Staff received training in safeguarding vulnerable adults and were required to repeat this training every two years. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm to them. People's care plans included their assessed areas of risk. These included risks associated with people's moving and handling needs, their risk of falls when mobilising and risks regarding people's ability to eat and drink safely. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, some people living at the home were at risk of suffering falls as a result of their medical conditions. Information in people's care plans provided guidance for staff about how to assist them to mobilise safely and minimise the risk of them suffering an adverse incident. We saw that staff understood these risks and we observed them assisting people in a manner which ensured people's safety. This included using the appropriate moving and handling equipment in order to help people move around the home. People had received the appropriate treatment in accordance with their risk assessments.

People received their medicines safely as arrangements were in place for the safe storage, administration

and disposal of medicines. Senior members of staff received specific training in medicines management however we could not see that these staff received regular competency checks to ensure they continued to manage and administer medicines safely. As a result of the inspection the registered manager told us they were now bringing the two yearly competency checks to annually to ensure those involved in medicine administration remained competent to do so. Medicines were mostly administered using a monitored dose system from a blister pack prepared by the providing pharmacy. The home safely managed the use of controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971.

Where people requested to have their medicines in a different form from the one prescribed by the GP we could see that the provider had liaised with the appropriate healthcare professionals to ensure this would be possible. We could see that where people wished to have their medicines dispersed with water and not swallowed whole that guidance had been sought from both the GP and the Pharmacist to ensure this would not alter the medicines efficiency. People were supported to receive their medicines by staff who received the appropriate, training, guidance and support in order to be able to appropriately manage medicines.

## Is the service effective?

### Our findings

People and relatives we spoke with were positive about the ability of staff to meet people's care needs. One person told us, "(the) Staff are good and care for us well". Relatives said that they felt staff had the knowledge, caring nature and skills to deliver care. One relative told us, "They (staff) do more than you might expect...skills mix is good"

However we could not always see that records accurately reflected that people were assisted by staff who received a thorough and effective induction into their role at Clifford House. The provider's Induction Training Policy stated, 'All new staff will receive induction and further induction training within the first 12 weeks of employment'.

At the time of the inspection we could not see records which confirmed new staff had completed a 12 week induction programme in order to ensure they were sufficiently supported, skilled and assessed as competent to conduct their role and meet the needs of the people they supported. All staff had mixed views on whether they received sufficient training in order to meet people's needs. One member of staff told us, "The training was very good and very interesting" however this was not an opinion shared by all. One member of staff told us, '(I need) a bit more training of personal care...and maybe some training on dementia care'. All staff told us that whilst awaiting training they would not be delivering care independently and would be paired with more experienced staff to ensure they had the knowledge and confidence to deliver care once they had received their formal training. We observed correct manual handling procedures being used throughout the inspection which identified training had been provided and complied with.

At the time of the inspection the provider was using a staff training schedule dated 2015 as a reference tool. This identified the names of staff employed, the details of the courses and frequency of their required completion and their completion date. This form however was out of date and included training details of staff who no longer worked at the home and no details of some new staff. Therefore the provider could not assure themselves that this was an accurate document which correctly identified people's training completion and training needs.

The provider was aware of this out of date paperwork which was in the process of being updated during the inspection. They had recently recruited a new member of administrative staff to ensure that documentation within the home was updated as required. The provider had identified the need for records to be updated regularly and had taken action to address. They required more time to ensure that this system of regular updates became imbedded in working practices.

The Mental Capacity Act 2005 (MCA 2005) 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. Where people had been assessed as lacking capacity to make specific decisions

about their care the provider had complied with the requirements of the MCA 2005. 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 2005. 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 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. None of the staff we spoke with were clearly able to identify the principles of the MCA 2005. However staff demonstrated that they complied effectively by offering people choices with their day to day care. They also demonstrated they were involved making best interest decisions on behalf of people who were unable to make specific decisions for themselves. People's care was underpinned by documented and signed consent forms in people's care plans which identified the aspects of care they wished to receive and consented to. Best interest decisions, where completed, had been made in conjunction with the appropriate family members. These had been documented accordingly so staff knew what action to take to support people in the way they required. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority and resulting authorisations.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help support develop in their role. Staff told us and records confirmed that supervisions occurred approximately every eight to twelve weeks. However if required staff told us they were able to speak with the registered manager or their colleagues at any time to discuss any concerns. These process were in place so that staff received the support they required to enable them to conduct their role confidently and effectively.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were offered a choice of menu and they enjoyed the food provided. People ate well and were provided with sufficient time to eat their meals at their own pace. We could see that when guidance had been documented regarding the type of meals people required or the additional support that they needed to eat independently this was followed by staff. For example; where a person required their food to be provided in a way that met their specific needs such as cut into small pieces this was followed. This supported this person to eat independently without any additional support. People and relatives told us the food was enjoyable and people liked what was provided. One person told us, 'I like most of the food, it's pretty good', another person said, "The food is very good we always get vegetables with meals".

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when concerns had been raised regarding people's ability to swallow effectively.

Healthcare professional advice was documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. We could see for example that appropriate healthcare support had been sought from the district nurses and the GP's to ensure that guidance was sought enabling staff to be able to meet people's needs effectively.

## Is the service caring?

### Our findings

People told us they liked living at Clifford House and we could see they experienced comfortable and reassuring relationships with staff. People said that they received caring support from all staff. One person told us, "They (staff) are all very good to me... and they respect me for my independence". Another person said, "Staff are good and care for us well". Relatives told us that their family members' support was delivered by kind, compassionate and caring staff, one relative said, "(our relative) is treated well and carers are lovely". Another relative said, "Carers are loving people".

Staff were knowledgeable about people and spoke fondly of those they were supporting. The development of these positive relationships had been supported by people's care plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what support they required and when. People's care plans and staff's relationships with people helped them to tell us about people's favourite activities, their personal care needs and any particular diet they required.

All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and need of communication. Staff allowed people time to process what was being discussed and gave them time to respond appropriately. Where necessary, to ensure people were engaged staff used gentle touches on people's arms to focus their attention on what was being communicated. We saw supportive and positive interactions between people and all staff. This included engaging people in friendly conversation whilst staff continued their daily tasks. All staff showed that they treated people with respect showing genuine concern for people's wellbeing.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people in distress which included the positive impact of offering physical contact by stroking people's hair and holding hands until people settled. Staff demonstrated that they recognised the support people required with their emotional needs and could offer additional time when needed.

People were supported to express their views and where possible be involved in making decisions about their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day. Where people were unable to express their views family members were involved in decision making processes to ensure people's views were expressed wherever possible. People were also respected by having their appearance maintained. Attention to appearance was important to people and staff assisted them to ensure they were well dressed, clean and had their personal appearance maintained.

People were treated with respect and had their privacy maintained at all times. Records were kept securely in the registered manager's office to protect confidentiality however these were easily available to staff to

review. During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us the staff took time to know who they were and addressed them as individuals. Not all the people we spoke with said they were engaged in creating their care plans. However we could see where people were unable or unwilling to contribute relatives were able to contribute to the assessment and planning of the care required. Care plans provided guidance to staff on the importance of promoting people's independence and we could see this was being followed. One person told us, "They (staff) encourage me to be independent but want to help me stay safe so they're there when I need them". We could see that care plans were reviewed monthly to ensure they contained the most up to date guidance to enable staff to provide the most appropriate care.

The provider did not always seek to engage people in meaningful activities to keep them occupied in a range of stimulating situations. A typical weeks activity programme was viewed, this included quiz games, exercise and ball throwing/stretching, famous faces/quiz, outside entertainment and bingo. No activities were documented as occurring at the weekends. In addition to the listed activities friends and relatives were invited to participate in additional events including a falls prevention class, music and sing along sessions. The home supported people with their spiritual needs by having monthly church visitors and Holy Communion visits.

One member of care staff, along with their care duties was allocated 1.5hrs in the afternoon to provide people with the opportunity to participate in activities. On the first day of the inspection people were able to participate in a 30 minute armchair exercise sessions in the morning completed by an external visitor. In the afternoon a member of staff attempted to engage people in a quiz recognising famous faces, these types of recognition and recall activities can help those living with dementia with their memory. This session concluded after approximately 30 minutes but was started again a short time later with an interaction question and answer session. The member of staff attempted to engage people by kneeling down to eye level to obtain people's attention encouraging them to participate. We saw this activity session lasted approximately an hour in total.

On the second day of our inspection we did not observe any activities being conducted. Residents who had moved to the lounge were sleeping in front of a TV which was very quietly showing a variety of programmes in the background.

People told us that they wanted more interaction and the opportunity to participate in external activities, one person told us, "They (staff) never organise any trips out, and I can walk with a stick still and would love to go on a trip out". Another person said "It would be nice to go out on a visit going out somewhere maybe to the shops as that is one of the things I really miss". Staff we spoke with felt that people required support to participate in sufficient and appropriate activities to give people meaningful and enjoyable lives. One member of staff told us, "I think we need a bit more, we have more (people) with dementia, we need a bit more facilities for them, sensory things like that, I do think we need a bit more for the residents with dementia, it's something we need to work on".

A number of people living at Clifford House were living with dementia and we recommend that the provider actively seeks and implements activities identified as appropriate for those living with dementia. This is to ensure that all people are offered the opportunity to participate in meaningful activities.

People received consistent care and support. People's care needs had been assessed and documented by the registered manager before they started receiving care. These assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People's individual needs were routinely reviewed monthly to ensure care plans provided the most current information for staff to follow. Relatives told us that they were not always involved in reviews or assessments of people's care but we could see that people had been consulted to ensure that they continued to receive personalised care. Care plans were also updated whenever a changed need was identified. One person's care plan had been updated as a result of their increasing support needs and documented that they required two people to support them with their daily needs. This had been documented and updated accordingly and was known by staff.

Relatives were confident they could speak to staff or the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager so that it could be investigated with any responses provided to the original complainant. There had been five complaints raised since the last inspection. The majority of complaints raised related to the treatment of people's clothing during the laundry process. Records showed that the complaints had been investigated, responded to and dealt appropriately. One relative who had raised a complaint told us, "Issues over underwear (have been) resolved". People and relatives we spoke with told us they knew how to make a complaint and felt able to do so if required.

## Is the service well-led?

### Our findings

The registered manager wished to promote a service where staff's purpose was to make a positive difference to people's lives. They sought feedback from people living at the home and their family to ensure this view was promoted and to identify ways to improve the service provided to meet this aim.

Effective processes were not always in place to ensure that documentation relating to the care people received were always accurate and completely contemporaneously to ensure they remained up to date.

We could not see that documentation relating to changes in people's needs was always accurately reviewed and updated. A system of regular monitoring would ensure that when people required medical assistance by emergency services or at hospital they would be provided with the care they required to meet their needs. People's care plans and hospital passports did not always contain the same information. A hospital passport is a document which contains key information to healthcare professionals about people's ability to express their needs and what care people required.

One person's care plan stated that they would be unable to tell staff if they were in any pain or discomfort. However this person's hospital passport stated that they would be able to tell the healthcare professionals when they were in pain. This information on the person's hospital passport had not been reviewed or monitored to ensure that it remained accurate. When in hospital healthcare professionals would not know to look for alternative indicators that this person was in pain and may not be able to meet their needs with suitable medication or assistance. This was brought to the senior staffs awareness and this person's documentation was to be appropriately reviewed as a result.

The provider did not have appropriate systems in place to maintain accurate, complete and contemporaneously completed records in relation to people and the decisions taken in relation to the care and treatment provided. The provider did not ensure that documentation was accurately updated to ensure sufficient staff numbers would always be deployed when people's needs changed, that staff training needs were accurately and contemporaneously updated and people's care plans and associated paperwork regularly reviewed to ensure it remained accurate. As a result people were at risk of not receiving care that met their needs from sufficient numbers of qualified and skilled staff.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and relatives said they were happy with the quality of the service however had mixed opinions regarding the management of the home. Not all the people we spoke with felt the registered manager was actively involved in the day to day running of the home. One person told us, "Not very often (see the registered manager), only when there's a bill to be paid". A relative also said, "He (registered manager) is not always seen expect to pay the bill". However this was not a view shared by all, one relative told us, "We're not fobbed off, he will face it (issues) with relatives, we have good communication with the home, they're open and transparent with us, no hesitation".

The registered manager promoted an 'open door' policy and was available to people and support whenever required. However we received mixed feedback from staff regarding the support they felt they received from the registered manager. One member of staff told us of the registered manager, "He's here most days in the week, you can normally go in there and talk to him...I've got his number as well so if I need to get in touch and I'm not here (not working) I can as well". This member of staff said the registered manager attempted to engage with staff regularly. They continued, "We had a meeting the other day actually and he said if you need any help let me know and talk to me about it". Another member of staff told us, "I feel valued (by senior staff) not by the registered manager so much, not really now". Relatives told us they could always speak to the registered manager if required and were confident that action would be taken if they raised any concerns. One relative told us, "I do see (the registered manager) and he makes me feel welcome and listened."

There was a system in place to monitor the quality of the service people received through the use of regular audits and observing staff in their role. Regular quality checks were completed on key areas including medication audits, environment audits and health and safety. However we could not see that on all occasions the resulting audit reports were analysed appropriately to see how improvements could be made. We could not see prioritised timelines for any work to be completed and who was responsible for taking such action had been identified.

For example an external health and safety audit conducted in October 2015 identified that staff clothes locker should be moved from the dining room as in its present position could possibly cause injury to staff or a resident. During this inspection these lockers were still in the rear of the dining room adjacent to dining tables and chairs. These tables and chairs were not used by residents during the inspection however were still situated in the same location which staff had to access regularly in order to store their belongings. The provider was aware of the on-going need to provide additional storage facilities which was in the process of being addressed through the home's refurbishment plan. More time was needed to ensure that this storage issue was rectified and risks to people's safety was minimised.

On other occasions however we could see that action had been taken appropriately. A Hampshire Borough Council quality inspection conducted in July 2015 on the kitchen made a number of recommendations that the floor needed to be repaired as well as walls and ceilings being repainted. During this inspection we could see that this work had been completed

The registered manager was keen to encourage a culture which was person centred which meant placing people at the centre of everything that happened at the home. The registered manager told us that they wanted the home to be a pleasant, calm, happy, friendly and safe atmosphere where staff are visible, approachable, kind, caring, supportive and accessible to people.

Staff were able to demonstrate they understood how the registered manager wanted staff to support people living at the home. Regarding the values of the service one member of staff told us, "I believe it's to keep a cosy, warming welcoming home, it's the residents home, not ours so happy staff means happy residents". Another member of staff told us, "He (the registered manager) wants it (the home) to have a positive atmosphere, a happy atmosphere where the residents come in and feel like it's happy and positive". Our observations showed that staff worked well together and were kind, friendly, and supportive to people and responded quickly to people's individual needs to ensure people were happy.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted

notifications to the CQC in an appropriate and timely manner in line with CQC guidance

Through staff meetings the registered manager emphasised staff's role in ensuring people lived happy and settled lives. Staff knew what was required of their role and were clear about what was expected of them and their responsibilities. The provider had a range of policies and procedures in place that gave guidance to support about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with situations as they arose.

The registered manager actively sought feedback from people, relatives and healthcare professionals to identify how the service people received could be improved. People, relatives and healthcare professionals were asked for their feedback by the use of annual questionnaires. The last survey had been sent in July 2016 and by the time of the inspection 17 people's responses has been received and analysed to see where the service could be developed.

These questionnaires invited people's opinions on how they rated the quality of the service in key areas such as the development and review of care plans, the attitude of the care staff, consent, food, the quality of the environment and what the service could do to improve. People answered positively about all aspects of the care delivery at the home. Written comments included, 'All care staff are accessible and caring', and 'Staff are excellent at their jobs' and 'Well looked after, very happy'. Relatives also spoke positively of the service provided however during this process raised concerns regarding the quality of the décor of the home and in particular the main used bathroom on the ground floor.

At the inspection we could see that the registered manager had already identified the areas of the concerns which had subsequently been raised during the questionnaires. The registered manager was in the process of addressing these concerns by means of a refurbishment plan which was in place for the home scheduling what work needed to be completed and by when. This included replacing the dining room carpet with a special flooring which the residents had been involved in choosing to their liking.

The refurbishment plan also included replacing a bathroom on the ground floor which was well used by residents. This bathroom contained equipment which had started to rust potentially exposing people to the risk of infection as these areas would not be able to be cleaned sufficiently. This was already being quoted for replacement when the inspection started.

Positive comments received from relatives included, 'First class care and attention by all staff that makes my mother contented and secure,' 'Accessible and friendly atmosphere' and 'My family member is finally settled, happy, feels comfortably and it's at home'.

Healthcare professionals were also asked to rate the service provided, all who responded spoke positively regarding the standard of care provided. Positive comments included, 'Small caring unit', 'Smaller homely environment', 'friendly atmosphere' and 'Caring staff'. People, relatives and healthcare professionals had all commented on the quality of the environment provided which the registered manger was already in the process of addressing.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. We saw interactions between staff and people were friendly and unobtrusive. People were assisted by staff who were able to recognise the traits of good quality care, ensured these were followed and demonstrated these when supporting people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have appropriate systems in place to maintain accurate, complete and contemporaneous records in relation to people and the decisions taken in relation to the care and treatment provided. Regulation 17(2)(c)