

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Clifford House Residential Care Home

Clifford House, 11 Alexandra Road, Andover,
SP10 3AD

Tel: 01264324571

Date of Inspection: 11 February 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Roopesh Ramful
Registered Manager	Mrs. Lesley Anderson
Overview of the service	The service provides accommodation and person care for up to 21 people. People using the service may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We took advice from our specialist advisors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We chatted with ten people who were using the service on the day of our inspection. They all confirmed to us that they were well and that staff treated them well. Some people were less able to communicate their experiences to us and we sat in the lounge to observe how they were feeling. Everyone appeared to be relaxed and staff were on hand to offer drinks and support. During the six hour period that we were on site some people received minimal social interaction. Three people told us that they were sometimes bored and that they would appreciate the opportunity to go on more outings and to join in with more activities.

We found that the needs and risks of people using the service had been assessed. Care plans were in place for everyone receiving personal care and these had been reviewed in line with the provider's policy. Staff had had access to good training and were competent in their caring role. However there were some gaps in terms of continual supervision and professional development. Safeguarding procedures were in place and staff knew how to report suspected abuse. There was scope to improve the risk assessment process around malnutrition and skin integrity in order to ensure that preventative measures were used to maximum effect.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We spoke with four people who received personal care and they said that they had been involved in deciding what care they wanted to receive and at what times. One person told us, "Staff explain what there are going to do and I can always refuse if I am not feeling up to it." We noted that most people had received flu vaccinations. Staff confirmed that people had given their individual consent for this. This showed that people were empowered to decide what treatment they received.

People's diversity, values and human rights were respected. During our visit we observed that staff members were polite and attentive and welcomed people when they entered communal areas. The four people we spoke with were confident that they knew how to make a complaint if they needed to. Staff told us that when a new person arrived at the service, they used their formal title and surname until the person gave consent for staff to use their first name. A staff member confirmed that they always knocked and waited for a response before entering people's private rooms. Another staff member told us that they covered people with towels whilst giving personal care. This maintained people's dignity.

Care records were written in a person centred way; instructions to staff members were specific to the person and included people's preferences. Information from people's families was available and the information had been incorporated into their care plans. There was clear information about people's religious choices and their wishes regarding how and whether they wanted to be supported in accessing services.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw evidence that each care plan contained instructions to staff around how to provide support to people in the way that was convenient for people using the service. We looked at daily notes that saw that staff had recorded how people had slept, how they seemed to be feeling, what care they had offered and what had been accepted or declined. We looked at two care plans for people with diabetes. We saw that people had been supported to administer appropriate medication and to monitor their blood sugar levels. Where necessary, people had been assisted to access the advice of their GPs and dietetic professionals. We spoke with kitchen staff who showed us the dietary plans they worked with in order to provide meals with the correct nutritional balance for diabetics.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. A range of care was being provided, including washing and assistance with dressing, meal support and administering medication. Contact details for each person's GP, dentist, optician and chiropodist were held on file, including whether people needed support with making appointments. Risk assessments were in place and were specific to the needs of most people. We looked at the care plan for someone who had lost weight and appetite. We saw that monthly weights had been recorded. Staff told us that where people lost appetite, they referred them to their GP. This showed that action was taken to ensure people's continued health and wellbeing. We saw that food and fluid charts were put into place where necessary. The provider may find it useful to note that fluids had not been recorded in exact amounts and that daily totals and goals were not recorded. This meant that it was unclear when staff should take further action as fluid charts did not specify the minimum fluids that people needed in order to remain healthy. The provider may also find it useful to note that, because the service did not risk assess malnutrition or skin integrity, it was unclear when staff needed to refer people to other healthcare professionals. This also meant that there was a risk of delay in putting preventative measures into place in order to maintain healthy nutrition and skin.

People were sometimes able to access social activities. We reviewed four care plans. We saw evidence that each care plan contained a social activity plan which recorded activities that people had joined in on a daily basis. These included singing, music, bingo,

pedicures, manicures and visits from the hairdresser. Some people had more been active than others and staff confirmed that all residents had been offered the same opportunities. The provider may find it useful to note that we spoke with five residents and four told us that they would appreciate the opportunity for more activities and outings. We also spoke with two visiting relatives who said that the one area that could be improved was increased social interaction.

We sat with people at lunch and saw that the food looked appetising and balanced. People were offered a choice. Mealtime assistance was available for those who required it. Five people confirmed to us that the food at the service was good.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At our last inspection in January 2012 we found that staff were not aware of the latest infection control guidance from the Department of Health. We also noted that a staff infection control lead had not been appointed. When we returned to inspect in February 2013, the manager told us that a staff member had been appointed to take a lead role in infection control. This staff member demonstrated their knowledge around the need for barrier nursing where people had contagious infections. They had completed a module around infection control as part of their National Vocational Qualification Level Three. We noted that staff used specific aprons for providing personal care and different gloves and aprons for giving mealtime assistance. We spoke with other staff members and noted that they knew the necessary measures for effective infection control. The manager was aware of the latest guidance around infection control and was able to demonstrate that the service was compliant with guidelines.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine. We saw that all medication taken by people was recorded by staff on medication administration charts. We saw that there were no gaps in recent records.

Medicines were prescribed and given to people appropriately. We saw that all medicines had been prescribed by people's GPs and that this was reviewed regularly.

We saw that medicines were locked away safely. Staff supported people to access their medicines at the right time by opening the locked cupboard and dispensing the medications. Some medicines were kept in the fridge in line with pharmacy guidelines.

Medicines were disposed of appropriately. The staff manager told us that they checked the expiry dates of medicines regularly and that any out of date and unused medications were collected by the pharmacy service for safe disposal. They provided evidence of audits they had conducted to ensure that these procedures were followed correctly by all staff members.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received some appropriate professional development. We spoke with three members of staff and looked at staff records for three people. We saw that staff had received some ad hoc supervision. Staff reported that an open door policy was in place and that they could raise issues with their supervisor at any time. They were confident that necessary action would be taken. The manager showed us that a new supervision format had recently been developed with a view to providing clearer guidance to supervisors.

We saw evidence that staff meetings had been recorded and had included discussion around the needs of residents, recording and reporting and care standards. We looked at the daily communications book and noted that this gave detailed information about each resident to staff coming onto their shift. We also attended a handover meeting and saw that staff made one another aware of the physical and emotional needs of each person using the service. This meant that, whilst there were gaps in the frequency of formal supervision, staff had been given the opportunity to feedback any issues in other ways.

Staff were able, from time to time, to obtain further relevant qualifications. The manager told us that the majority of staff had completed National Vocational Qualifications or were enrolled for qualifications in health and social care. We viewed training records for all staff and saw that most had received updates in mandatory topics. The manager confirmed that there were some gaps and that courses were being booked as a priority.

We spoke with three staff members about the people they gave care to. They all demonstrated a detailed knowledge of people's needs and a good understanding of effective support for people with dementia. Two staff members spoke with confidence about the importance of collating and recording the end of life wishes of people using the service in order that the service could best support them in the final stages of their life. One staff member demonstrated less knowledge in this area. All staff we spoke with had an understanding of effective diabetes management and knew the potential signs that someone could be experiencing a hypo or hyperglycaemic episode. All staff we spoke with knew what preventative measures were necessary for effective infection control.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager confirmed that staff spoke with people using the service on a daily basis to ensure that they continue to meet their needs and wishes. The manager had sent out satisfaction surveys in November 2012 and we saw that the 65% of relatives who had returned their survey had all recorded positive comments about the quality of the care and support provided. Comments included "We remain totally satisfied" and "Your cook is fabulous". However 30% of relatives who responded had expressed the need for more social activities and entertainment. The manager explained that a social plan had therefore been put into place for each person. They told us that staff tried to provide an opportunity for social activity at least once a day.

The manager showed us the complaints and compliments file. We noted that all complaints had been dealt with in line with the provider's policy and to the satisfaction of the complainant.

We saw evidence that serious accidents and incidents had been appropriately recorded and reported to both the Commission and the Health and Safety Executive. The manager confirmed that they monitored any trends in incidents and that this informed reviews of support plans and staff training as necessary.

We saw that environmental safety was being managed as a priority. The manager provided up to date certification following professional service checks around gas safety, electrical appliances and installations, fire risk assessment and fire alarm testing. An assessment had been carried out to ensure the safe use and storage of cleaning and other hazardous products.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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