

***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: 26 February 2014

Date of Publication: March  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Safety and suitability of premises**

✘ Action needed

**Staffing**

✔ Met this standard

## Details about this location

Registered Provider	Mr Roopesh Ramful
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

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### Why we carried out this inspection

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We carried out this inspection to check whether Clifford House Residential Care Home had taken action to meet the following essential standards:

- Safety and suitability of premises
- Staffing

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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.

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### What people told us and what we found

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When we visited there were 18 people living at Clifford House. We spoke with the provider, two care workers and four people who used the service. We reviewed a range of documents relating to the management of the home and observed care.

During our inspection on 27 November 2013, we found that the service had not protected people against the risks associated with unsafe premises. As a result of that inspection, we served the provider with a warning notice in relation to the safety and suitability of the premises with a requirement that they become compliant by 31 January 2013. On the 25 February 2014 we carried out a follow-up inspection to check whether the home had become compliant.

Prior to the inspection on 25 February 2014, we had become aware of concerns that staffing levels within the home might at times be impacting upon the ability of staff to provide person centred care and enable people to express choice about how and when their needs were met. Therefore this inspection also looked at whether the provider had ensured that there were adequate numbers of suitably qualified staff on duty at all times.

We found that the home had made some improvements to the safety of the premises since we last inspected. Work had been completed to secure the windows in order to ensure that the home maintained a safe environment for vulnerable people. Equipment had been installed to assist in maintaining safe water temperatures to prevent the risk of scalding to people who used the service. However, work to ensure effective legionella control and monitoring was in progress but had not been fully completed.

People told us that there were sufficient number of care workers to meet their needs and

that staff responded promptly to call bells or requests for assistance. We found that the provider had arrangements in place to respond to changing circumstances in the service, for example to cover staff sickness or absence.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 28 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Safety and suitability of premises

✘ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was not meeting this standard.

We saw examples of where progress had been made to improve the safety of the premises, however, some requirements remained outstanding. This meant that people who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises because measures to ensure effective legionella control had not yet been completed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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During our inspection on 27 November 2013, we found that the service had not ensured that people were protected against the risks associated with the unrestricted openings of the first floor windows. The provider was not complying with the Health and Safety Executive (HSE) Guidance by ensuring the temperature of water being discharged from taps did not exceed 44 degrees centigrade. We also found that the provider was not complying with HSE guidance on the effective control of legionella bacteria.

As a result of that inspection, we served the provider with a warning notice in relation to the safety and suitability of the premises with a requirement that they become compliant by 31 January 2013. The provider responded with an action plan telling us what actions they were taking to address the areas of non-compliance. On the 25 February we carried out a follow-up inspection to check whether the home had become compliant.

When we visited in February 2014 we observed that progress had been made toward the requirements of the warning notice, but some work remained outstanding. For example, we found that restrictors had been fitted to all windows. However, in one room the opening remained greater than that recommended in appropriate HSE and NHS guidance. Since the inspection, the provider has told us that this window has been restricted in line with the above guidance.

In another four rooms, whilst we found that the lower sash window had been restricted, the upper window had not and these windows had an opening range of 220mm – 285mm. This matter has been brought to the attention of the local environment health service who will be visiting the service in early April to view the adaptations and assess whether there are

further measures that Clifford House need to take to ensure the safety of people who use the service.

We found that thermostatic mixer valves (TMVs) had been fitted to sinks and baths. Weekly readings of hot water temperatures being discharged from bath and wash basins were being taken and these records showed that temperatures had not exceeded recommended limits since TMVs had been installed. However, on the day of our inspection, we tested the temperature of the hot water being discharged from a tap in the most commonly used bathroom. This was recorded at 47 degrees which is in excess of the recommended HSE limit of 44 degrees. We discussed this with the provider who told us that their plumber had indicated the potential need to return to carry out remedial work to ensure the TMVs were operating effectively. Since the inspection, the provider had informed us that the plumber has visited and completed. Regular testing of the temperatures will continue to ensure that this has been effective in controlling the temperature of the water being discharged from taps at all times.

During the inspection we were not able to see any evidence that checks of the water system were being undertaken to ensure that temperatures of the water circulating to and from taps remained within the parameters recommended by HSE guidance to ensure effective legionella control legionella. The provider told us that work had been commissioned to install equipment that would enable them to effectively measure and record temperatures within their water system; however, there was no date for this work to be completed. We have asked the provider to ensure that this work is completed and we will be undertaking further follow-up visits to ensure this has been undertaken. Since the inspection, the provider has informed us that this work is now due to be completed on the 25 and 26 March 2014.

The warning notice had required Clifford House to take action to regularly flush little used parts of the water system specifically an unused shower. During the inspection, we were told that action had been taken to isolate this shower from the water system. At the point of writing this report, it had not been possible to confirm whether this was an effective measure to address the concerns highlighted in the warning notice. We will be following this up with the provider to ensure all appropriate actions have been taken to ensure the safety of the premises.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

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## **Reasons for our judgement**

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On the day of the inspection, there were 18 people living at Clifford House. We spoke with four people using the service who said there were sufficient numbers of staff on duty and that staff responded to their needs in a timely manner. One person told us, "If I want anything I just have to ask, they [the staff] never rush me". Another person told us, "They [the staff] come immediately". All of the people we spoke with told us that staff were familiar with their needs. One person said, "When I am quiet, they [the staff] know I am full of pain". A third person told us that staff had responded immediately when she had become unwell during the night. This meant that the people we spoke with considered there were enough staff to meet their needs.

We spoke with two care workers who told us that they felt there were sufficient numbers of staff on duty at all times. One care worker told us that the staff worked very well together as a team and communicated well to ensure that people's needs were met. They said, "We try not to let delays happen, if we are assisting someone else, then we would explain to the person that we would be with them shortly". A care worker told us that if they felt that they needed more staff for a particular reason, they "Just had to ask and this would be provided". This was confirmed by the manager who told us that he had recently arranged for extra staff to be on duty in order to meet the needs of a person who used the service. The provider told us that regular discussions were held with the care team about staffing ratios and that additional care workers would always been provided if this was needed. They added that they arranged for experienced bank staff to cover sickness or annual leave and if bank staff were not available then they used two local agencies that were usually able to provide care workers who had worked at Clifford House before and so were familiar with the residents and the environment.

During our visit we used the Short Observational Framework for Inspection (SOFI) to observe people having their lunch. We saw that everyone received their meal promptly and that there were sufficient staff available to provide assistance when this was required. Some care workers sat and ate their lunch with people who used the service. Others engaged in a positive and supportive manner with people, for example discreetly asking them if they needed their meat cut up.

During the inspection, we spoke with the registered provider. They told us that the service did not use a formal needs analysis and risk assessment to determine staffing numbers,

but that staffing levels were reviewed in line with peoples changing needs and to ensure that there was an appropriate skill mix available each shift. We were told that the usual staffing levels at night consisted of two care workers. During the day, the usual staffing levels consisted of two or three care workers and one senior care worker between 8am and 8pm. In addition to these numbers, on five days a week, the manager was present along with an administrator.

We saw that each week a rota was produced which showed the number of staff on duty over each 24-hour period. We looked at a sample of these covering the three weeks immediately prior to the inspection. We saw that these confirmed the staffing levels as described by the provider. The provider may find it useful to note that we found that on most mornings there were just two care workers on duty between 7.30am – 9am. We were concerned that this might cause a delay in some people having their needs met. We spoke with the provider about this. They advised that many people were self-caring in the mornings and that night staff would be available to assist those people who liked to get up early. They added that several others liked to rise later and that the cleaner, started at 7.30am to help support in making hot drinks and observing people who were already in the lounge which helped the other two carers to focus on providing essential needs for the service users. The provider told us that they did not feel these staffing levels had been problematic; however, they advised that they had made a decision to maintain a minimum of three care workers on duty at all times during the hours of 7.30am – 8pm and that this was being actioned with immediate effect. The provider told us that this was to ensure that there were adequate numbers of staff available in response to the increasing dependency levels of people who used the service.

The provider may find it useful to note that when we looked at the sample of rotas we found that on three occasions, there had not been a senior care worker or manager on duty. We were concerned that this might mean that staff did not have access to appropriate guidance and support, particularly in the event of an emergency. We spoke with the provider about this. We were advised that this was because a senior care worker had recently resigned and that the service had not yet recruited to this role. We were also advised that a responsible care worker, qualified to NVQ level 2 or 3 care had always been on duty to ensure that there was an adequate skill mix of experienced staff on duty. They added that a senior care worker had been on call and that the manager or provider had also been available by phone. Since the inspection, we have seen that the provider has made arrangements to ensure that there is always either a senior care worker or a manager on duty at all times, including the weekend.

The provider told us that he also employed other staff to support with the running of the home. This included a cook between the hours of 10am and 2pm and a cleaner on weekday mornings. The service was also in the process of recruiting a maintenance person. We were told that care workers were only allocated minimal cleaning duties at weekends as the provider had already rescheduled some cleaning duties so that they were undertaken by night staff during quiet periods. However, the provider told us that they were currently exploring the possibility of employing a cleaner at weekends for two or three hours.

We found that the service did not employ a designated activities co-ordinator which meant that staff were responsible for providing some daytime activities alongside a programme of external entertainment arranged by the provider. People we spoke with told us that they were mostly happy with the level of entertainment provided, although the provider may wish to note that one person told us that they would like more opportunities to have

meaningful trips outside of the home.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises because measures to ensure effective legionella control had not yet been completed. Regulation 15 (1)(c) (i)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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