

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

Clanfield Residential Home

3 Toll Bar Road, Islip, Kettering, NN14 3LH

Tel: 01832732398

Date of Inspection: 06 September 2013

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

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mrs P Crossley
Registered Manager	Mrs. Paulette Crossley
Overview of the service	Clanfield Residential Home is registered to provide accommodation for up to 30 people who require nursing or personal care. The home is owned and managed by Mrs Paulette Crossley.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 6 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

As part of our inspection we looked at the care and welfare of the people who lived at the home. We looked at care plans of the people who lived in the home and how other health and care professionals were consulted and involved with their care and support.

We saw that people were very happy with how they were treated and that they felt welcome and happy in the home.

A family member told us, "The care here is excellent, the staff are wonderful."

A person who lived at the home told us, "I am very happy here."

We saw that the Provider had clear staff recruitment practices in place. We found an open approach with good communication in place between the staff and the people who lived in the home and family members.

Effective practices meant that any comments and complaints were managed in accordance with the Complaints policy.

We also saw how the home dealt with information and records of the staff and people who lived at the home, with sensitive personal information managed and stored securely.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As we looked at care files of people who lived at the home we saw that people's needs were assessed before they came to live at the home. The assessment process included meetings with family members or other carers as appropriate. The files we saw included appropriate risk assessments.

We saw that care was planned and delivered in a way that was intended to ensure people's safety and welfare. The checks undertaken included weight and nutrition, with specialist advice sought where necessary. This meant that the health and welfare of the people who lived at the home was managed appropriately by contact with the relevant health care professionals.

We spoke with the Deputy Manager and Assistant Manager who told us that plans were routinely reviewed and updated monthly. The files we saw were up-to-date, with a clear audit trail of regular, monthly reviews. This meant that information was readily available on the files and the people who lived at the home received the appropriate care and support.

The home provided regular activities for the people who lived in the home. During our visit we saw that the people who lived in the home were encouraged to engage with appropriate activities. We saw people were watching television or reading, whilst others were knitting. Specialist staff and volunteer therapists regularly visited the home providing activities for the people who lived in the home, such as 'Singing for the brain' by the Alzheimers Society. We were also told that the home held a summer 'garden party' with a local brass band visiting the home.

We saw that family members made regular visits to the home. We spoke to some family members of people who lived at the home and they told us that they were fully involved in discussions about care planning and support.

One person told us, "Nothing is too much trouble, the staff are excellent,."

Another visitor told us, "I often have lunch when I visit and the food is lovely. The carers are happy in their jobs and they always make me feel welcome."

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at how the provider worked with other agencies to ensure the care and welfare of the people who lived at the home was managed. We reviewed care files of the people who lived in the home. We saw evidence on care files of communication and co-operation between other professionals and the staff taking place before the person moved in to the home.

We saw good links were maintained with health care professionals, such as local general practitioners, dentists, opticians, district nurses, and chiropodists. We saw that where specialist advice was required the staff at the home worked well with specific staff. This meant that the provider worked in co-operation with others to ensure people's health, safety and welfare was protected.

The care files contained appropriate, up-to-date information about the most recent care and support needs; this meant that if a transfer to a hospital, or other agency was required, a record of medication and other personal needs was available. This ensured emergency information was available. When other providers had been involved in the care and treatment of people at the home, the information exchanged was clear and up-to-date.

We spoke to family members and they told that care and support was excellent. One person told us, "X has all he needs here, we're very impressed with the care."

We saw that arrangements were in place for people to see relevant professionals involved in their care and well being. Appointments had been booked on a regular basis for the people who lived in the home as required.

We saw that the staff were aware of the need to work in cooperation with others for the benefit of the people who lived in the home. This meant that the care for the people in the home was focussed on their individual needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at staff files for two newly recruited staff. We saw that appropriate checks and references had been undertaken before staff began work. The files contained the required information relating to application forms, identity checks, personal and professional references.

The files confirmed appropriate checks had been undertaken with the Disclosure and Barring Service.

We saw that the individual training needs of each staff member were discussed and learning and development plans were in place. We also saw that staff were supported to obtain additional relevant qualifications. We saw evidence of regular supervision sessions for staff which meant that the Provider had appropriate support and monitoring systems in place.

A relative told us, "The staff are marvellous. They treat the residents well and with respect at all times."

The staff we spoke to, and observed them talking to the people in the home, were enthusiastic about their work and knowledgeable about the people they cared for.

There were effective recruitment and selection processes in place. This meant that the Provider had taken reasonable steps to protect the safety of the people who lived in the home.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The home had a formal complaints policy which outlined the procedure to be followed. The policy encouraged all concerns to be raised as quickly as possible with a member of staff. If any concerns or questions could not be resolved immediately and informally, the matter should be referred to the manager. As a final step, if the provider had not been able to satisfy the complaint, information was provided about referral to appropriate external bodies.

The provider will wish to note that their Complaints policy would benefit from a review and updating, as information about signposting to external agencies did not reflect the most up-to-date situation.

We saw that information about how to make a comment or complain was on display and available for visitors to the home. We looked at some of the questions which had been raised with the provider and we saw how they had been successfully resolved with the people who lived in the home and their families. This meant that the people who lived in the home and their family members were aware of the complaints system and had their views listened to.

The Assistant Manager told us that she had recently undertaken the annual 'Resident's Survey'. We looked at some of the completed questionnaires that had been returned by the people who lived in the home and their families. We saw that the people who lived at the home had been satisfied and happy with their care.

One person had written, "Excellent care, we are very happy with everything at Clanfield."

Another survey noted, "I am very happy with how X is looked after."

The Deputy manager and Assistant manager told us how the views of the people who lived in the home were taken into account and how their care and daily life in the home was geared to meeting their needs.

We saw that the provider had a clear and open system in place to deal with any comments

or concerns. This meant that the provider had demonstrated a clear understanding of the benefits of a comments and complaints system as a learning and developmental opportunity.

□

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The Provider had a written policy dealing with the management of records and information. The Provider will wish to note that the policy would benefit from review and updating in relation to the reference to data protection legislation and a clear schedule for the review and secure destruction of personal and sensitive information.

We looked at care plans for some of the people who lived in the home. We saw that the files had been updated with the most recent care assessment on a monthly basis, or more frequently if changes in care were appropriate. This meant that information available to carers was always accurate and the people who lived in the home received the appropriate care and support.

We saw that the care plans were stored securely and appropriately in lockable storage in an office, which could also be locked securely. This meant that the Provider had taken reasonable steps to ensure information was securely stored.

The Deputy manager and Assistant manager told us that records were routinely reviewed and information no longer required was appropriately destroyed as confidential waste. This meant that the information about the people who lived at the home was managed appropriately and their sensitive and personal information was destroyed confidentially.

Personal information about staff working at the home was stored in locked cabinets in an administrator's office. The office was also securely locked when not in use. This meant that the sensitive personal information about staff and the people who lived in the home was respected and managed appropriately.

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.

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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