

Crossley and Campbell Partnership

Clanfield 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Clanfield Residential Care Home accommodates and cares for up to 30 older people with a range of mainly age-related dependencies, including people with dementia care needs.

People's experience of using this service:

- Risks to people were identified but there were not always detailed risk management plans in place.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place support this practice. However, when people did lack capacity it was not always clear which decisions they were able to make for themselves.
- People received safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.
- There was a risk of people receiving unsafe care as records to support staff in the delivery of care were not properly maintained.
- People's medicines were managed safely and in line with best practice guidelines. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.
- People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.
- People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.
- People received care from staff who were kind and caring. People were supported to make decisions about how their care and their privacy and dignity were protected and promoted. Staff had developed positive relationships with people and had a good understanding of their needs and preferences.
- People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes.
- People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The action we have taken is detailed at the end of this report

Further information is in the detailed findings below.

Rating at last inspection

- This was the first inspection of this service.

Why we inspected

- This was a scheduled inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Clanfield Residential Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was as a family carer of people who use regulated services.

Service and service type:

Clanfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 30 people in one building. At the time of our inspection, 28 people were living in the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity took place on 15 January 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information from the Local Authority and the Food Standards Agency.

During the inspection, we spoke with six people who used the service and three relatives. We observed a meal time and a staff handover. We had discussions with six staff members including the deputy manager, care staff and the cook. We also spoke with the registered manager and provider.

We looked at the care records of four people who used the service to see whether they reflected the care that was required. We also looked at four staff recruitment files and records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm:

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- People could not always be assured that they were being cared for safely. When people had displayed behaviours which had put themselves and others' at risk, records had not been adequately completed to inform staff about what actions or interventions were needed. We saw that following several incidents with an individual there was incomplete records as to the interventions and actions taken which would help the staff should a similar incident occur.
- The provider had recognised the areas where they need to improve and were in the process of developing new systems and processes to ensure that people were kept safe.
- People told us they felt safe living at the service and with the staff supporting them. One person said, 'I am happy here.' Relatives felt people were safe. One relative said, 'Before [person] came here they had lots of falls at home, it's so much better now.'
- Staff told us they had completed appropriate and effective training in relation to safeguarding and they understood the systems in place to raise any concerns they may have. One member of staff told us, 'I would be happy to raise any concerns but I've never had to.'
- There were notices displayed around the service regarding safeguarding people and how to report abuse.

Assessing risk, safety monitoring and management:

- People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. For example, moving and handling, nutrition, tissue viability and falls. However, these lacked detailed instructions to staff as to how to manage the risks identified.
- Personal Emergency Evacuation Plans were in place and clearly identified what support people would need in the event of a fire. The fire risk assessment was up to date.

Staffing levels:

- People told us staff were busy, however they could still meet people's assessed needs in a timely manner.
- Staff said they felt there were enough staff to meet people's needs safely and didn't feel rushed or under pressure. We observed sufficient numbers of staff on shift to support people safely.
- The provider was proactive in training staff for dual roles – for example, the kitchen assistant had also completed training in moving and handling so they could assist people if required.
- Safe recruitment practices were followed. Records showed that Disclosure and Barring Service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely:

- Medicines were stored appropriately with provisions to monitor and maintain the correct temperature.
- People received their medicines as prescribed and people told us they received their medicine on time.
- Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. We saw records which confirmed this.
- Staff and management told us they knew what to do if a medicine error occurred.

Preventing and controlling infection:

- People were protected against the spread of infection. People told us the home and their bedrooms were clean and tidy.
- Staff had completed training in infection control. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- Information about how to prevent the spread of infection such as effective hand washing was available in the service and we noted the service was clean, hygienic and free from unpleasant odours.

Learning lessons when things go wrong:

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The registered manager responded appropriately when things went wrong and used any incident as a learning opportunity. For example, the service had installed a stair lift after it was assessed that some residents were unable to use the stairs safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence:

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The application procedures for this in care homes and some hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA. We found that people were consulted about their care and given choices as to how they wished their care to be delivered, however this was not consistent. Some people's records showed that decisions had been made on their behalf without consultation. Records showed that decisions had been made to withhold information from people about their care without a properly recorded rationale for this, for example, specifically not informing someone with capacity that they were eating a specialist diet.
- Assessments had been undertaken to assess people's mental capacity, however, it was unclear as to which specific decisions the person may lack capacity to make.
- Staff were supporting people in ways which were in their best interests but the appropriate paperwork was not in place to support this, for example, DoLS applications had not been completed.

The provider has failed to lawfully obtain consent. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs:

- An area of the main conservatory was used as additional office space by staff. We spoke with the provider who told us they planned to convert an outbuilding to provide extra offices and training rooms. This will allow people to have full use of living areas in the service.
- We saw that people had personal possessions in their rooms such as photographs, ornaments and their own furniture. Other areas in the home lacked personalisation and were not specifically dementia friendly. We recommend that the service seeks advice and guidance from a reputable source in relation to the specialist needs of people living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider's PIR told us that people had an assessment of their needs completed before they went to

live at the service. During our inspection we saw records that supported this and relatives confirmed they were involved in this process.

- People told us their cultural and life choices were promoted and protected, for example, being supported to regularly access religious services.

Staff support: induction, training, skills and experience:

- People were supported by staff that had the skills and knowledge to meet their needs.
- There was a thorough staff induction process. All staff who did not have a qualification in care completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in the health and social care sectors.
- Gaps in learning and development were identified and discussed at supervision and additional training was sought if required.
- Staff were satisfied with the training they received. Two staff were due to go on a training course to enable them to become 'dementia champions'.
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice. Staff told us the managers door is 'always open'.

Supporting people to eat and drink enough to maintain a balanced diet:

- People told us they were happy with the food provided. We were told 'it's brilliant, it really is good'. One person told us they had been awake in the middle of the night, and staff had made them a sandwich and a cup of tea, and that 'staff will get me something anytime'
- People's nutritional needs were assessed using a variety of tools such as weight charts and daily records. We saw this information in people's care plans and noted it was reviewed and updated monthly or when people's needs changed.
- Staff knew which people needed specific adjustments to their diets and the cook ensured they were able to enjoy a varied diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Staff supported people in a timely manner with their healthcare needs. People told us that the doctor visits them at the home, or they go to the surgery. One relative told us, 'They [staff] are very good at looking after [person's] health, [person] had a problem with [condition], and they got straight onto it, I was quite impressed.'
- Health professionals visiting the home included the district nurse team, a podiatrist and an optician.
- A visiting healthcare professional told us, 'This is a good home.'

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect:

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff were caring. When people required support to eat, we saw staff did this in a way that was kind and compassionate.
- One person said, 'The best thing about being here is being looked after, I never thought I would say that in the beginning, but it is a treat to be looked after.' A relative said, 'I would say its excellent, and I have seen a lot of care homes with different standards.' Another relative said. 'It's brilliant, they do care, and do look after them, I would recommend it here, and I have done.'
- Relationships between staff and people were thoughtful and positive. The cook told us that they baked a fresh homemade cake for each resident's birthday, and this was presented in the dining room at a time of day when most people were present to sing happy birthday.
- We observed a staff handover and saw that staff spoke about people with fondness and knew about their individual needs.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in the recruitment of new staff and invited to meet applicants.
- Records showed people were involved in meetings and surveys to discuss their views and make decisions about the care provided. For example, following a vote, people now had a hot meal at lunchtime and a lighter evening meal.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their privacy and dignity.
- People told us their call bells were answered in a timely fashion. We were told, 'Yes they come very quickly, they are ever so good.'
- People had visitors at a time to suit them. One relative told us, 'What I like is there is no restriction, I can visit anytime, staff will meet and greet us and tell me how [person] is.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs:

Good: People's needs were met through good organisation and delivery.

Personalised care:

- As part of the pre-admission process, people and their relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests.
- One relative told us staff showed an interest in what their family member used to do and talks to them about what they used to work as.
- Activities were varied and often involved people's families and members of the community. Events included a Haunted House theme for Halloween, a beekeeper's visit with opportunities to taste honey straight from the comb, and a Bonfire Party. A relative had commented "Excellent food and [the] firework display was enjoyed by all. Thanks to all the staff – a credit to you." During a mediaeval themed event in the summer, the activities co-ordinator had researched the surnames of all residents and painted each a decorative shield which represented their family coat of arms.

Improving care quality in response to complaints or concerns:

- Complaints and action taken to address the concerns were recorded. For example, complaints had been made about people's missing clothes and action taken by the service included ordering better quality name tags so clothes could be more easily identified, and requesting that relatives label clothes before bringing them into the service.
- All residents and relatives said they felt able to raise a concern and information was displayed on noticeboards in the home on how to complain.
- People told us they were asked to provide feedback through meetings and surveys. We saw evidence to support this.

End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. People had an End of Life care plan in place that recorded any wishes they may have and the service had a system in place to easily identify these.
- Staff had received end of life training. The provider worked well with external health professionals when people were at the end of their life. Medication to support people at the end of their life was already in place when this stage was imminent.
- The provider told us they made overnight accommodation available to relatives of people receiving end of life care

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture:

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care or they did not have the systems in place to assure themselves that care was being delivered in this way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The systems in place to audit and monitor the quality of care were not always effective. For example, records relating to the management of behaviour that challenged had not always been completed correctly which meant people were left at potential risk of harm. Best interest decisions had not always been recorded.
- Notifications had not always been submitted as required. The provider has a duty to notify the CQC of certain events within the service, this includes any incident which may put people at risk.
- Staff were comfortable about raising concerns and knew how to escalate concerns either to the local authority or the CQC if they thought they were not listened to or their concerns acted upon.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The service was open and honest and promoted a positive culture throughout.
- People told us they knew who the management team were and that staff and managers made time to speak with people.
- Staff were supported and said they had opportunities to speak with the registered manager whenever they needed to. They achieved this through staff meetings and one to one supervision sessions.
- Staff felt they were well trained and were committed to the care of the people they supported. One said, 'You have to get to know people to give good care.'
- Staff said when they had issues they could raise them and were listened to.

Engaging and involving people using the service, the public and staff:

- People are encouraged to be involved in their care by taking part in surveys and meetings.
- In a recent survey of people living at the service, 75% of residents who responded rated their care as excellent, and the remaining 25% said it was good.
- The provider had forged good links for the benefit of the service within the local community such as work experience students from local schools and key organisations including Marie Curie. Discussions had taken place about the use of volunteers to increase the level of activities provided in the home and in the community. This was a piece of work the provider was focussing on in the next few months.

Continuous learning and improving care:

- Information from complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated an open and positive approach to learning and development and ensured staff had access to the training they needed. When we inspected, the management team were booked on an MCA training course the following week.

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 11 HSCA RA Regulations 2014 Need for consent Decisions had been made to withhold information from people about their care without acting in accordance with the Mental Capacity Act.