

Mr Roopesh Ramful

# Clifford House Residential Care Home

## Inspection report

Clifford House  
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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Clifford House is a care home. It does not provide nursing care. It can accommodate up to 21 people including those who may be living with dementia. At the time of the inspection there were 21 people using the service.

We found the following examples of good practice.

Measures were in place to prevent relatives and friends, professionals and others visiting from spreading infection when visiting the service. These were effectively implemented during our visit to the home. The service had developed a visiting policy based on the national guidance. This had been adapted as national guidance changed. All visitors were screened for potential symptoms of COVID 19.

Prior to the recent outbreak, measures had been put into place to re-introduce visits from friends and family. Safe, socially distanced, visiting had initially been facilitated in the garden and more recently an internal visiting booth had been built. The booth had been built by a local builder, free of charge, after the registered manager had put out plea for help to the local community. The booth was accessed only from the garden and was not accessible to people using the service. All visits were carefully scheduled and included time in between each visit to allow for staff to clean the booth. Whilst visiting had been suspended during the recent outbreak, the registered manager was very aware of the emotional impact on people when they were not able to see their relatives and so they had ensured that people continued to have contact with their family members through the use of social media, video and telephone calls. They told us that reinstatement of visits would be carefully risk assessed.

Activities had been adapted to include more one to one activities as opposed to group activities and this was possible due to the higher staffing levels that the provider had put in place. Whilst the use of external entertainers was not able to take place, the registered manager had, on occasion, made arrangements for an external entertainer to perform to people from the visiting booth which had been well received.

Measures were in place to prevent people from spreading infection upon admission or readmission to the service from hospital or the community. Potential new admissions were tested for COVID 19 prior to admission and were then required to undergo isolation for a period of 14 days.

The registered manager had, wherever possible, implemented isolation, cohorting and zoning within the service during the recent outbreak. Staff were assigned to support specific people to avoid the risk of transmission and toilets and bathrooms were designated for specific groups of people. Where people did not understand the risks to them, or others, of not self isolating and maintaining social distance, measures to mitigate this risk were in place. For example, the provider had deployed increased staffing numbers to help ensure that they could be available to provide redirection and support to people and to regularly sanitise items equipment or furniture.

There were clear procedures in place for donning, doffing and disposal of personal protective equipment (PPE). Staff had been provided with additional uniforms and changed into these on arrival at the home, and changed out of these before leaving. They had each been given a kit bag made by a member of the local community to store their uniforms in.

The registered manager was able to describe the correct level of PPE required to be worn by staff when supporting people who were self-isolating, and in a range of different circumstances. We observed that staff were wearing the right level of PPE for the tasks being completed. They were all bare below the elbow and not wearing jewellery other than a plain band.

Additional PPE stations had been put in place around the home so that staff were quickly able to don, (put on) PPE. People had clinical waste bins in their rooms and this allowed staff to doff, (take off) their PPE as safely as possible. Staff all had their own individual hand sanitiser and wipes were readily available to wipe down equipment in between use.

The home continued to engage with the whole home testing programme for people and staff and including twice weekly rapid flow tests for all staff. People who used the service were having tests once a week, as well as twice daily temperature and oxygen saturation level checks.

The home's infection control policy was appropriate and there was a separate COVID 19 policy along with a contingency plan. The recent outbreak had resulted in a large number of staff being unable to work, the action taken by the provider had helped to ensure that the home had been able to continue operating. They had stepped in to run the service and were supported by the use of agency staff who were blocked booked and were only working at Clifford House and were subject to rapid flow tests at the start of their shift.

The home looked clean and hygienic. Routine cleaning schedules had been enhanced with increased cleaning of contact points, such as doors, handles, handrails, and light switches.

Higher staff levels continued to be deployed whilst both people and staff were fully recuperating after having been infected with COVID 19 which had made them more tired and lethargic than usual. Staff had put in place fluid charts to monitor people's nutritional input more closely and people were being provided with additional encouragement and support at mealtimes.

The provider had ensured that staff who were self-isolating in line with government guidance received their normal wages whilst doing so and the wellbeing of staff was monitored by the registered manager.

Staff had received specific and ongoing training including infection prevention and control (IPC) and handwashing. The registered manager had appropriately liaised with relevant agencies such as Public Health England and the Clinical Commissioning Group. Their advice had been followed. They also took part in a care home forum with other registered managers which they had found supportive and which had promoted the sharing of ideas and learning. Staff utilised remote consultations with health care professionals where able.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

We were assured the service was following safe infection prevention and control procedures to keep people safe.

**Inspected but not rated**

# Clifford House Residential Care Home

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

This inspection took place on 26 January 2021 and was announced.

# Is the service safe?

## Our findings

S5□ How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We did note some areas that the provider could review to further develop their approach. This included implementing more prominent signage and instructions to explain what visitors should do to ensure safety, further developing the enhanced cleaning records to clearly show how frequently this cleaning was taking place and more effectively ensuring that the layout of the chairs in the lounge supported social distancing. The registered manager assured immediate action would be taken to address these issues. We have also signposted the provider to resources to develop their approach.