

Cinnabar Support and Living Ltd

# Doddlespool Hall Care Home

## Inspection report

Main Road  
Betley  
Staffordshire  
CW3 9AE

Tel: 01270820700  
Website: [www.csl.care](http://www.csl.care)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 8 February 2017 and was unannounced.

Doddlespool Hall Care Home is registered to provide accommodation with personal care for up to a maximum of 27 people. There were 20 people living at the home at the time of our inspection, some of whom were living with dementia.

There was no registered manager in post at the time of our inspection. The service is required to have a registered manager. During our inspection, we met with the home manager who had applied to become registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm by staff who were able to recognise signs of abuse and knew how to report concerns. The provider had safe recruitment procedures to ensure staff were suitable to work with people living at the home. There were enough staff to safely meet people's needs in a timely manner.

People felt safe living at the home as staff were always available to support them when needed. Risks to people's health and wellbeing had been assessed and staff took action to minimise these. Accidents and incidents were monitored and reviewed to identify if there were any patterns or trends.

People received support to take their medicines safely. Medicine was stored securely and accurate records were maintained. Only staff who had received training to administer medicines safely gave people their medicines. Staff monitored people's health and arranged healthcare appointments as necessary. Staff followed advice provided by healthcare professionals to promote good health.

People were confident staff had the skills and knowledge to meet their needs. Staff received training and support to meet people's individual needs.

People were complimentary about the choice and quality of food provided to them. Staff monitored what people ate and drank and contacted other professional for advice when they had any concerns about people's diets.

People spoke highly about the care and attention provided by staff. People were given choice and felt listened to. Staff treated people with dignity and respect and promoted their independence. Staff knew people well and used their knowledge of people's past and families to engage in conversation with them. People had access to a range of activities which they enjoyed taking part in. People and their families felt there was a warm and welcoming atmosphere at the home.

People had not had cause to complain but felt confident and able to talk with staff if they had any concerns. The provider had a clear complaints process that was displayed at the home.

The manager provided effective leadership and ensured there was an open and caring culture in the home. People and their relatives were given opportunities to express their views about the development of the service and were kept well informed.

The provider had systems in place to monitor the quality and safety of the service and used the information gathered to make improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe living at the home.

Staff had training to enable them to recognise and report any signs of abuse or harm to people.

There were enough staff to support people safely.

People received the support they needed to take their medicines to promote good health.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff received training and support to enable them to fulfil their roles.

People were happy with the choice and quality of meals provided.

Staff monitored people's health and sought healthcare support when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and attentive to their needs.

People were given choice and felt listened to.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into the home and their preferences were known by staff.

People had access to a range of activities that they enjoyed taking part in.

People were given opportunities to express their views about the quality of care and felt able to approach staff if they had concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

The manager provided effective leadership and there was an open and inclusive culture at the home.

People and their relatives found staff and management easy to talk with.

The provider had systems in place to check and develop the quality of the care provided.

# Doddlespool Hall 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2017 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection, we spoke with five people who used the service and one relative. We spoke with seven staff which included the home manager, the deputy manager, three care staff, the activities worker, one kitchen staff member. We also spoke with two visiting health care professionals and a fire officer. We viewed three records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and two recruitment records. We spent time observing how staff supported people and how they interacted with them.

# Is the service safe?

## Our findings

People felt safe living at the home. One person told us this was because, "There are always staff around to help when I need them." Another person said, "You've only got to move and they (staff) are right by your side."

Staff had received training on how to protect people from abuse and were able to recognise the different signs of abuse. Staff knew how and who to report concerns to should they become aware of, or witness any abuse or poor practice taking place. One staff member told us they would report their concerns to the manager and were confident that they would take action to protect people. They were aware of whistleblowing procedures and told us the contact numbers for the local authority and Care Quality Commission were displayed on the staff notice board. Staff told us that the provider completed checks to ensure that they were safe to work with people living at the home before they started working there. These included the provision of two satisfactory references and checks with the Disclosure and Barring Service (DBS). The DBS enables employers to make safer recruitment decisions. Records we looked at confirmed that the necessary checks had been completed.

People told us staff discussed with them the risks associated with their needs. One person told us they liked to take their dog for a walk. They had agreed to tell staff when they planned to do this so they knew where they were. Another person told us staff helped them to the lounge in their wheelchair. Once they had helped them into their armchair they took the wheelchair back to their room due to fire safety procedures. Risks associated with people's needs were assessed on admission and guidance was provided to staff on how to minimise these. These included risks associated with people's skin care and mobility. The deputy manager told us there had been some delays in reviewing everyone's risk assessment. In the interim staff were instructed to follow support guidance in people's care plans and information given during staff handovers. They also ensured staff were aware of and followed the guidance provided by other professionals such as, the Occupational Therapist (OT). This was confirmed by staff who told us that the OT provided guidance on how to use individual pieces of equipment to help people move around safely. They said they would not use equipment until they had been shown how to use it. One staff member told us, "We ensure people's safety by making sure we use the right equipment. Every person is different and has different needs."

Environmental risks around the home had also been assessed. For example, the provider had employed an independent company to complete a fire risk assessment for the home. This had shown that improvements were required and set recommended timescales for work to be done. The manager told us they had already completed some of the recommendations and were in the process of gathering quotes for other areas of work. We spoke with the fire service who said they were satisfied with the risk assessment and recommended timescales for completion.

Staff were clear about the action they needed to take in the event of an accident or incident. They told us they would ensure the person's safety and call for assistance. Where necessary medical attention would be sought. Staff subsequently completed the relevant forms and gave these to the manager to oversee. The manager told us they reviewed the accident forms to establish if there were any patterns or trends and took

action to prevent reoccurrence. For example, one person had three falls, the manager contacted the GP and referred to the occupational therapist to encourage the person's mobility.

People felt there were enough staff to meet their needs safely. One person said, "When I press my call bell, they (staff) are very good they come to me straight away." Another person told us they did not have to wait for staff they said, "I think they sense you are going to need them and they are waiting for you." Staff we spoke with told us that staffing levels had recently improved and they were now able to meet people's needs in a timely manner. The manager explained that there had been a reliance on agency to cover vacant posts. These posts had been recently recruited to and shifts were now being covered by permanent staff which promoted continuity of support. They monitored the level of people's needs and adapted staffing to suit their dependency. We observed that there were sufficient staff on duty. Call bells were answered quickly and people were not left waiting for staff to support them.

People received the support they needed to take their medicine as prescribed. One person told us, "They (staff) give me my medicine because I don't remember if I have taken them or not." We observed that people were supported to take their medicines in a patient manner. Only staff who had training to administer medicine were able to support people to take their medicines. Staff told us that they had competency assessments to ensure that they continued to manage medicines safely. The deputy manager explained that they had sought and followed advice of the local pharmacist. This ensured there were safe systems in place for the management of medicines.



## Is the service effective?

### Our findings

People we spoke with were confident that staff had the knowledge and ability to meet their needs. One person told us, "I think they are marvellous." Another person said, "On the whole they (staff) look after me well." A relative told us, "They (staff) are first class." Staff told us they had access to a range of training that was relevant to their role. This included both face-to-face and online learning. One staff member told us they had recently done eye care training and this had given them insight into people's experiences. The manager told us they held an advanced certificate in manual handling and the deputy was a Mental Capacity Act trainer. They aimed to provide training in these areas. They had secured an online training resource for staff and utilised the skills of other professionals to provide guidance and support for staff. This included the pharmacist and the occupational therapist. The provider had systems in place to monitor staff training needs and to identify when refresher courses were required.

People were cared for by staff who felt well supported in their roles. One staff member told us, "I've got the support I need from [manager and deputy]" They went onto say "Any problems I go straight to [manager or deputy]. They are there and have loads of time for you." Another staff member said, "They will do everything they need to do to support us." The manager told us there had been a number of changes in management over the past couple of months and as result one-to-one meetings had not been consistently completed. We saw they had put in place a new programme of one-to-one meetings in January and going forward these would take place on alternate months. In the meantime they said they had an open door policy and encouraged staff to speak to them should they need any support.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us staff always asked their permission before they supported them. One person said, "When they (staff) come to get me up they ask if it is alright." Another person told us, "They (staff) ask me would you mind getting washed?" Staff and the management team told us that people had capacity to make decisions about their day-to-day care. They ensured information was presented to people in a way they could understand to enable them to make decision for themselves. For example, one staff member told us, "Most people can make their own choices. I show them options and they point or indicate with their facial expressions." Staff told us they always asked people if they were happy to be supported and respected their right to decline care. A staff member explained that one person asked them if they could have another half hour in bed that morning and they respected their wish. The staff member said, "I would not force them. It's their home at the end of the day."

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 hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us they had submitted one DoLS application to the local authority and were

awaiting an assessment to be carried out.

People were pleased with the choice and quality of food provided. One person told us, "We get plenty of choice of what to eat and drink. They make a beautiful home-made soup. I have coffee made with milk in the morning and we have home-made cakes in the afternoon." Another person said, "I always have fruit with my breakfast. I'm quite privileged I think." At lunch time we heard people chatting to each other about their meal. One person said, "The soup is nice here isn't it." Another person replied, "Yes it is it's all home-made." Staff encouraged people to eat and drink throughout the day. One person told us staff were very helpful and cut their meat thin to help them eat it. Another person said, "I've been here so long, they (staff) know what I can and can't eat." We heard one staff member encouraging one person to eat their meal. They said, "Eat as much as you can and leave what you don't want."

Two people and one relative told that staff monitored people's weight. One person said, "They (staff) weigh you every so often." A relative told us that their family member had put weight on since moving into the home. Staff we spoke with explained that people's nutritional needs were assessed on admission. Nutritional charts were put in place to monitor what people ate and drank and people were weighed on a monthly basis. Where there were concerns about people's weight or nutrition these were reported to the GP. Records we looked at confirmed this.

A kitchen staff member told us they were made aware of people's dietary needs when they moved into the home. The home had a four week seasonal menu which was based on people's likes and dislikes. Both care and kitchen staff we spoke with were aware of people's dietary needs and foods they needed to avoid due to their health conditions.

People were supported to access healthcare professionals when they needed to. One person told us that a member of staff accompanied them to hospital. Another person told us they would tell staff if they felt unwell and they would arrange for them to see the GP. Two health care professionals visited the home during our inspection. They told us they valued the communication they had with staff and felt they made appropriate referrals. Each time they visited the home a senior staff member accompanied them to see each person. They gave them information about how to support people's healthcare needs and these were followed by staff. For example, they put plans in place to promote good skin care and this had prevented people from developing pressure sores. People's care records we looked at contained documentation of health appointments and records of visits.

## Is the service caring?

### Our findings

People were complimentary about the care and support they received. They told us staff treated them with kindness and respect. One person said, "They (staff) are very kind and caring. If you need something they go and get it for you." Another person told us, "These carers are fantastic." We saw that staff interacted well with people we heard lots of light hearted banter, where people and staff chatted and laughed together. As we were talking with one person a staff member passed by the person said, "[Staff member] is lovely, they're right bubbly. They've got a nice big smile."

Staff had formed positive working relationships with people and their families. One person told us, "They (staff) are lovely. They know my eccentricities and I know most of them (staff)." Another person said, "It's wonderful, I can't fault it. I'm not joking; it's like one big happy family. Whatever you want you can have." People told us staff treated their family in a warm and welcoming manner. One person said, "Staff welcome families, it is part of looking after us." This was confirmed by a visiting relative who told us, "I'm part and parcel of the family here." Staff we spoke with told us it was important to get to know people and their families. They said that the manager had recently introduced a keyworker system that promoted such relationships as it gave relatives a point of contact. It allowed staff to focus on individual people and make sure they had got everything they needed such as, toiletries and clothes. One staff member told us, "The keyworker system is working really well and because we work as a team, if someone is off we cover to make sure people have got what they need."

People told us that staff always offered them choice and listened to their wishes. One person told us, "Nobody would make you do anything if you did not want to do it." Another person said, "I can get up and go to bed when I choose." Throughout the day we observed staff offering people choices such as, how they wished to spend their time, where they would like to sit and what they would like to eat and drink. A healthcare professional we spoke with said, "People are given a choice when to have meals. It is not regimented here." Staff we spoke recognised people as individuals and the importance of giving them choice. One staff member told us, "We involve people in their care as much as we can. We let them try and do what they can and offer them help if they are struggling."

People we spoke with felt staff were respectful towards them and maintained their privacy and dignity. One person told us they sometimes used the seating area in the hall when they had visitors. A health care professional we spoke with found staff treated people with dignity and respect. One staff member told us they maintained people's dignity by knocking on their bedroom doors before entering. They kept people covered up as much as possible when assisting them to wash. They also informed other staff what they were doing so that they did not get disturbed when supporting people with their personal care needs. Another staff member felt it was important to give people privacy and space when they wanted it. They said, "It's sometimes about knowing when they want to talk and when they want to be left alone." We saw that staff supported people in a discreet and respectful manner.

## Is the service responsive?

### Our findings

People told us that staff knew them well and provided support that was tailored to their needs and preferences. One person told us, "They (staff) know my routine, they are very kind to me." Another person said, "They (staff) are very good, they know and understand my problems." Staff told us they took time to find out how people preferred to be supported. One staff member told us, "We have time to chat with people and get to know them." Another staff member said, "Some people like to talk about their past and it's so interesting to hear we. We get a rapport with them and they trust you." They explained that this helped them get to know the person and what was important to them.

People had their needs assessed prior to moving into the home to determine if their needs and expectations could be met. Care plans were subsequently developed with the person and their relatives where appropriate. When the manager and deputy started working at the home they found that some people did not have care plans and other people's care plans were inaccurate. They had therefore completed new care plans with each person to ensure staff were aware of their needs and the support they required to meet them. The deputy showed us further work was underway to ensure that care plans promoted a person centred approach to care delivery. We saw that people's wishes and preferences were clearly recorded in these documents. Staff we spoke with explained that they were notified of any changes in people's needs at staff handover. Staff could also refer to the communication book or ask the senior for guidance if needed.

People had access to a range of activities and things they enjoyed doing. One person told us "Once a week you can have your hair done. They (staff) are very kind and take me." Another person said, "An activity worker has started and they are very good. An organist comes in and they are absolutely brilliant." They went on to tell us, "We do exercises with the activity worker, they keep us on the ball." Staff felt the introduction of a new activities worker had been received well by people and staff. One staff member told us, "[Activities worker] comes in to do activities with people in the afternoon which they enjoy, and we do too. We get them up dancing." We spoke with the activities worker who told us they were given ample resource to facilitate a range of activities. They were currently exploring people's interests and their capabilities to tailor activities to suit. They had established some people were keen gardeners and planned use the raised flower beds to fulfil their interests. They showed us the wooden flowers on the dining room tables which people had painted. They told us they had recently held a 'Burns' afternoon where people celebrated Scottish culture and were given the opportunity to sample some haggis. On the afternoon of our visit we saw people enjoying activities facilitated by the activity worker, there was lots of fun and laughter. We also saw that a weekly activities schedule was displayed in the hallway.

People felt comfortable to raise any concerns or complaints with staff or the manager. The provider had a clear complaints process which was displayed in the home. The manager had not received any complaints but demonstrated they would take appropriate action should concerns be raised.

## Is the service well-led?

### Our findings

People told us they felt the home was well run. One person told us, "You can't fault this place." Another person told us they thought the home was a 'wonderful' place to live. One healthcare professional felt the home was much better run since the new manager had taken up post. They said, "It's a lot, lot better. The atmosphere is totally different. Everyone is working together and everyone knows what everyone is doing." They went on to say, "We can just feel the difference. A happy workforce is a good workforce." These sentiments were echoed by another healthcare professional who felt the service was now going in the 'right direction'.

The home was taken over by the current provider in July 2016. The registered manager had left and the home had been covered by interim managers. The current manager and deputy started to work at the home in November 2016. They had immediately identified that there was a lack of systems and processes in place. They had prioritised the work they needed to do to make the service safe. This included working with the pharmacist to ensure the safe management of medicines and completing new care plans with assistance from the district nurses. They had also taken action to address areas of improvement identified in their fire risk assessment and an infection control audit that had been completed.

The manager told us that there was a clear management structure in place to support them. The provider was constantly aware of what was going on. They were supportive of the manager's ideas and had made available the resources they needed to drive the required improvements. The provider had also made provision to renovate the home and there was a two year action plan in place. The provider had made good progress against the plan. This included repairs to the roof, new windows, a new boiler and refurbishment of the dining room and hallway. The manager and provider were mindful to minimise any disruption for people living in the home and were refurbishing rooms one by one. We saw that they kept people and their relatives informed of their plans through the newsletter they had introduced.

The manager provided effective leadership and there was an open and inclusive culture at the home. One staff member described the positive changes that had taken place since the new manager and deputy manager had come into post. They now felt comfortable to speak out in staff meetings. They said, "We have got a good team. I think we work well together." A second staff member said, "I can't emphasise how easy it is to talk to them. I feel listened to now." All the staff we spoke with felt they could approach the manager at any time. One staff member said, "Any problems their door is always open, no matter how big or small they are." Another staff member said, "[manager] is flexible and has been brilliant. So approachable, it's lovely, it's a big change." We saw that staff meetings were held with different staff groups to ensure both day and night staff could attend.

The manager was keen to involve people and their relatives in the development of the service. They had introduced meetings for them to voice their opinions. We saw that people had asked about a fund for people living at the home and that the manager was in the process of setting this up. They had also introduced a newsletter to keep people informed of any developments.

The manager told us that they maintained links with the local community. We saw representatives from a local church visited on the day of our inspection and offered people Holy Communion. The manager told us they had access to a minibus and people had been supported to go and watch pantomimes at Christmas. They planned to facilitate regular outings going forward.

The provider had submitted statutory notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events and changes at the service without delay. This allows us to monitor any trends within the service.