

Cinnabar Support and Living Ltd

Doddlespool Hall Care Home

Inspection report

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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

About the service

Doddlespool Hall Care Home is a large two storey detached building in its own grounds. The home provides care and accommodation for up to 25 older people and people living with dementia or disabilities. The home is at the edge of a small village. There are large gardens surrounding the home with parking available. At the time of the inspection 19 people lived in the home.

People's experience of using this service and what we found

People were safe and protected from abuse because staff assessed and managed risk. There were enough staff to meet people's care and support needs. Staff were recruited safely. People received their medicines as they needed. The home was clean and maintained and staff practised good infection control.

The design of the home met the needs of people who were resident at Doddlespool Hall Care Home. The management team had started researching best practice guidance to develop the environment so it was more dementia friendly. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions and supported them with decision making. People said they were able to see healthcare professionals promptly to assist their health and wellbeing. Staff supported people to eat and drink and were familiar with people's dietary needs. People said they enjoyed the food. Staff had been appropriately trained and supported and had the skills, knowledge and experience to provide good care.

People said they were involved in planning their care and encouraged to make decisions. Staff provided care that met people's different needs and preferences. People said they were happy with their care and were treated with respect and consideration.

Staff had assessed people's specific communication needs and were familiar with the ways they communicated. People were able to get involved in a variety of activities. Staff encouraged people to tell them about any concerns or complaints. People felt these were dealt with effectively. Staff supported people when at the end of life, to have a comfortable, pain free and peaceful end.

People said the management team asked them for their views and comments. They told us staff listened to and acted on these. Staff worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe. The management team monitored and audited the service to check on the quality and make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Doddlespool Hall 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Doddlespool Hall Care Home

This inspection was carried out by an inspector 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.

Service and service type

Doddlespool Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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:

The inspection was unannounced.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with CQC. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used

the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Doddlespool Hall Care Home and five friends and relatives. We spoke with seven members of staff including the deputy manager, and two visiting professionals. The registered manager was on leave when we inspected. To gather information, we looked at a variety of records. This included medicines records and two people's care records. We looked at information in relation to recruitment, staff training and supervision records. We also looked at other information related to the management of the service including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. They said they felt safe because of staff attention, good building security, a lack of bullying or abuse and skilled help with personal care. One person said, "I've had no falls. Everyone here is quite close. Staff don't shout at anybody. They are very polite and helpful so I feel secure."
- Staff attended training in safeguarding adults. They were able to describe the action they would take if they felt someone was being harmed or abused.
- There was information displayed around the building with contact details of the local safeguarding authority.

Assessing risk, safety monitoring and management

- The management team completed assessments to inform staff of risks for individuals and how to reduce these. Staff supported people to be as independent as possible, while remaining safe.
- Staff had arrangements in place to support people in emergency or unexpected situations.

Staffing and recruitment

- Staff recruitment was robust. The management team completed recruitment checks to reduce the risk of employing unsuitable people before staff were able to start working for the service.
- There were sufficient, suitably skilled and experienced staff to meet people's needs.
- People told us staff supported them in a calm and friendly way and without rushing them. One person said, "Staff are friendly and helpful when I ask for them. They are often busy but don't look rushed. They always give you time. They will come within minutes and help."

Using medicines safely

- Staff managed medicines safely, as prescribed and in line with good practice guidance. People felt staff gave them their medicines as they should. One person told us, "I am on medicines. I take them myself. The girls [staff] check you take them."
- Medicine records and audits showed staff gave medicines correctly. Staff dealt with any errors promptly.
- Staff told us they received training in giving medicines. The registered manager checked they were giving medicines safely.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. An example of this was one person forgot they were unsteady on stairs, went up without help and fell. In response to this, staff attached a rope across

the bottom of the stairs (similar to those barring entry in public places). This reminded the person not to go upstairs without help. People could open the barrier, so it did not restrict their movements. Records showed the person had not fallen since this was used.

- The registered manager reviewed accidents and incidents for lessons to be learnt, so the risks of similar incidents reduced. They were aware of their responsibility to report any concerns to the relevant external agencies.

Preventing and controlling infection

- Staff and people they supported, were protected from potential infection because staff were trained and followed safe infection control practices. People told us staff used disposable gloves and aprons when they supported them with personal care to reduce the risk of cross infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff supported people effectively to maintain a balanced diet. Mealtimes were relaxed and unhurried. People ate breakfast as they got up throughout the morning. A misunderstanding at lunchtime meant one staff less stayed in the dining room. This made service slow and one person had little support. People said more staff usually helped with meals as did the deputy manager, who made sure there were enough staff at the evening meal.
- Staff received training in food safety. They assessed people's dietary needs and provided nutritional support and guidance. People were offered a balanced diet, with choices of menu at each meal. They told us the food was very good. One person said, "There is choice and plenty to drink. I can get a sandwich or snacks if I prefer."

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

- The design of the home met the needs of people who lived at Doddlespool Hall Care Home when we inspected. Dementia friendly activities, equipment and signage were limited. However the management team had started researching good practice guidance and developing a dementia friendly service.
- People told us the registered manager had organised big improvements in the décor of the home and garden since their arrival. This made the home smart and comfortable and a pleasant place to live. However one person told us the furniture was far apart, and too heavy to move in a small refurbished lounge. This made it difficult to sit closely with friends and relatives. Senior staff told us they would discuss this with people and make any changes they suggested. There were pleasant, secure garden areas, for people to enjoy in safety.

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

- Staff helped people to receive health care promptly to improve their health and wellbeing. One person said, "I hadn't been feeling well and staff checked me out quickly to see if I needed any medical care." The staff team worked closely and effectively with health and social care professionals. One person told us, "You can get a doctor anytime you need one. I saw the doctor two days ago. The home is very very good at that."
- Staff responded quickly to emergency situations and made a difference to people ill, injured or distressed. Health professionals told us staff followed advice and provided important information so people's needs were met quickly.
- Staff helped people to live healthy lives, by making sure they had good healthcare, giving them opportunities for gentle exercise and providing healthy and nutritious food.

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

- The registered manager carried out thorough assessments that focused on the person, so they received the care and support they needed.
- Staff reviewed care plans with people to make sure information was up-to-date and relevant. People and their relatives told us their care and support was planned with them. They said staff listened to and acted on the way they wanted their care provided.
- Staff applied learning effectively in line with best practice. The registered manager was part of a group that researched evidence based information in care homes. This assisted them to provide care that met people's needs.

Staff support: induction, training, skills and experience

- Staff were given training to help develop their skills and knowledge. People told us they felt staff were competent and knew their jobs. One person said, "I wasn't well and staff came straight away and checked me over. They knew just what to do."
- Staff said their induction and training was thorough and helped them support people well. They had regular supervision and appraisal as well as frequent informal discussions. They told us these were encouraging and supportive.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been authorised.
- People had been asked for consent to decisions where they were able to give this. Where people were unable to make a particular decision, staff were involved in best interests decisions.
- Staff checked if people had given authorisation to any other person to make decisions about their care, such as a Lasting Power of Attorney (LPA). We saw this was recorded in care records, so staff knew who could make decisions for each person.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were respectful of people's rights and differences. People told us they received considerate and attentive care from staff. One person said, "The staff are caring and never force me to do anything I don't want to do."
- Staff had received training to make sure they understood equality and diversity. They were familiar with people's individual and diverse needs which helped them provide the right support.

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

- People were involved in planning their care and in day to day decisions. They said they had frequent opportunities to discuss their care, make decisions about how they wanted this provided and to ask questions. One person told us, "I used to play the piano. Now [the registered manager] has arranged for me to play the organ here sometimes."
- Where people had limited communication, or chose to include them, their families or representatives were involved in decision making. People also had information to request support from advocacy services, so an independent person was able to act on their behalf, if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy, dignity and independence. One person told us they felt respected, adding, "It is because staff are not too familiar but nor are they too formal and they are very caring to me."
- People told us they were able to go to their bedroom whenever they wanted to, and could lock their door if they wanted to. One person said, "I feel my privacy is respected. Staff always knock on my door before coming in."
- People told us they were able to make changes to their care and were encouraged to be as independent as possible. One person said, "I am independent and the staff support this. I can manage to do most things myself. I don't need much personal care and I am well looked after."
- People's care records were kept securely, and their confidentiality respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had informative, person-centred care plans which advised staff how they wanted to be cared for. They told us they were supported in the way they wanted and were able to choose what they wanted to do. One person said, "Staff ask me what clothes I want to wear. My bedroom is kept clean and I get my laundry back. I've never lost any money here. I am quite satisfied."
- People were able to join in a range of social and leisure activities including church services, singing, armchair exercises, board games and gardening. These assisted in meeting most people's social, spiritual and emotional needs and helped reduce feelings of social isolation. However one person said they were 'bored stiff' and didn't like the activities. Other people said, "I join in whatever comes; exercises, ball throwing. I don't get bored. Sometimes in summer we go out in the garden for tea" and, "I write stories, do the crossword and watch TV."
- People could arrange to take their pets into the home to live with them, where possible. One person had their dog with them when we inspected. Both dog and owner had settled well and were safe and comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the Accessible Information Standard. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Each person's communication needs, including speech, hearing, sight or understanding were recorded in care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and complaints information was available for people and their representatives. No one had made a complaint. A relative said they had raised a small concern and this had been immediately attended to.
- People were confident any concerns would be dealt with quickly and any changes needed would be made. They said they would discuss with staff if they had issues. One person told us, "I'd go to the manager if I wanted to complain or one of the deputies. I'm sure they would listen." Another person said, "I'd talk to 'the

blue uniform ones'. The senior staff."

End of life care and support

- Senior staff told us they supported people who needed end of life care. Staff had been trained to provide people nearing end of life, with a comfortable, pain free and peaceful end. They understood the importance of supporting people and their families and provided thoughtful and sensitive care.
- Staff had explored people's preferences and choices in relation to end of life care where people were willing. They had recorded this in care plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a change of registered manager since the last inspection. The home was well-led and people were complimentary about the management team. People told us the registered manager and management team were very good. Staff felt they were extremely supportive and had improved the home for people.
- The registered manager, provider and management team, worked effectively together. They had an efficient system of monitoring and carried out frequent checks on the quality of the service. There was a clear staffing structure and lines of responsibility and accountability.
- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager involved people and their representatives in their care and any changes in the service. People told us the registered manager had an open door and listened to any suggestions or concerns. They said they had residents meetings and could complete satisfaction surveys. One person told us, "They listen to all your queries and they let us know what they have done about them later."
- People knew and spoke highly of the registered manager and said the home was well managed. People said they were happy at the home and any issues were sorted out straight away. They told us the management team took note of any suggestions and welcomed feedback about the way the service was run. A relative told us "[Registered manager] answers all my questions and keeps me involved."
- Staff told us they had regular meetings as well as informal opportunities to share ideas and comments about care. A staff member said, "[Registered manager] listens and does everything she can to make our residents lives and ours better. She is amazing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team were open and transparent and put people at the centre of the service. People told us they felt the service was open and inclusive and the registered manager was improving the home all the time. Staff said the registered manager was inspiring and motivating and worked closely with them, to give the best possible care.

- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Continuous learning and improving care

- The registered manager and management team had systems to check people were getting good care and the service was running as it should. They frequently completed audits and reviewed care provided, then acted on findings. They sought people's views, reviewed care and records, accidents and incidents to see if lessons could be learnt.
- The registered manager researched current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.

Working in partnership with others

- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals. They also engaged with the local community to raise awareness of the service.