

Doddington Care Ltd

# Doddington Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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

Doddington Lodge is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. Doddington Lodge can accommodate up to 23 people across two units with adapted facilities. One of which specialises in providing care to people living with dementia.

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

People were not always protected against potential risks to their safety. We found medicines were not always managed effectively, people were not always protected from cross infection and one person was not supported safely to meet their care needs. We found however, people were supported by enough staff who received training to protect them from potential harm or abuse. Accident and incidents were recorded, and lessons were learnt.

People's assessment of needs and care plans were being updated to meet people's preferences. People were supported by staff who were trained to meet their needs and supported them to maintain a healthy diet. People had access to healthcare services and staff worked in partnership with healthcare professionals to meet people's needs. The home was adapted to meet people's needs and the manager planned to introduce a dementia friendly environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well and supported by staff who spent time with them. People had input into their care and were involved in decisions made. Staff respected people's privacy and dignity and promoted their independence.

People's communication needs were assessed and detailed in their care plan. People were supported to follow their interests and avoid social isolation. People's end of life wishes had been considered and documented in their care plan. Concerns or complaints were captured to make improvements.

A positive culture was shared to ensure good outcomes for people. Incidents were investigated and improvements were made. Managers and staff were clear about their roles and regulatory requirements. Management encouraged people, their relatives and staff to have an input to make changes to the service. Quality assurance processes were in place to identify any improvements. Staff worked with other health and social care services to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 09/09/2019 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's care plans and assessments of their needs. A decision was made for us to inspect and examine those risks. We completed an inspection of all five key questions, as this service has not been previously inspected.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our effective 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 well-led.

Details are in our well-Led findings below.

**Good** 

# Doddington Lodge

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Day one of the inspection was carried out by two inspectors. Day two and three were carried out by one inspector.

#### Service and service type

Doddington Lodge 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 did not have a manager currently registered with the Care Quality Commission. However, the manager had completed their application to register with us, this was in progress at the time of our inspection. This means, when registered, 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, however we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We completed our site visit on 25 February 2021 and made phone calls on 26 February 2021 and 1 March 2021. We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the manager, senior care workers, care assistants, and an apprentice. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant 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.

### Assessing risk, safety monitoring and management

- People were not always protected against potential risks to their safety. One person who was at medium risk of choking was not being constantly supervised whilst they ate their meal, as documented in their care plan. This placed the person at risk of harm. The manager took immediate action to ensure it would not happen again.
- At the time of our inspection the manager was reviewing people's care plans to ensure they were up to date and reflected people's current needs.
- Whilst reviews of people's care were being completed, processes were in place to assess potential risks relating to eating and drinking and mobility. Risks associated with the premises and equipment were also managed through a programme of safety checks and maintenance at the home.

### Using medicines safely

- We found medicines were not always managed effectively.
- Some people needed a medicine which helped to calm them if they were agitated or distressed. A care plan or protocol should be in place to tell staff how and when this medicine should be given. Although protocols were in place, these were not specific to each person. The protocols did not inform staff what agitation or distress looked like for each person. Therefore, staff and especially agency staff may not know when they should administer the medicine. This placed people at risk of receiving medicine which was not needed.
- The reason why people needed their medicine was not always recorded. One person needed a topical cream 'as required'. A body map directed staff where to apply the cream but there was no record of why the person needed this cream. Staff we spoke with knew why the person needed this cream. However, by not recording this information there is a risk of the person not receiving this cream as prescribed.
- We found a discrepancy with one person's medicine where it was not clear if they received it. The manager investigated this and immediately took action to ensure staff completed records accurately.
- People's preferences on how they liked to take their medicine and the support they needed was recorded. We saw staff followed these preferences when administering people's medicines.

### Preventing and controlling infection

- We were not always assured that the provider was using Personal Protective Equipment (PPE) effectively and safely meaning people were not always protected from cross infection. Although infection control and control policies were in place, these were not always followed by staff. Some staff wore jewellery when this was not allowed and did not always follow good hand hygiene practice. This was discussed with the manager who told us they had already addressed this with staff at meetings. They told us they would

address this again with staff.

- Not all equipment was kept clean. We found one moving and handling hoist which had dirt embedded into the handles. This increased the risk of cross infection between people and staff. After the inspection, the manager informed us this was not in use and it was removed and placed in separate storage, equipment in use was cleaned daily. We also found a dirty light pull in one bathroom and chipped enamel in a bath, both of which would be difficult to keep clean.
- We were mostly assured that the provider was making sure infection outbreaks could be effectively prevented or managed however, we identified some issues with the wearing of jewellery and hand hygiene.
- The provider had cleaning schedules in place which housekeeping staff followed. Touch points around the home were cleaned regularly which helped to reduce the risk of cross infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service
- 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's infection prevention and control policy was up to date.

We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on potential harm or abuse. Staff we spoke to understood how to raise any concerns to keep people safe.
- Staff confirmed the process they would follow if they had any concerns, including reporting it to a senior staff member or the manager and documenting their concerns.
- People told us they felt safe living at the home and when staff supported them.

Staffing and recruitment

- People were supported by sufficient staff who spent time with them and supported them in a timely manner. The manager supported people when there was a staff shortage to ensure people's needs were always met.
- We queried one staff recruitment file and the manager acted immediately and reviewed their current recruitment process. The manager ensured new starters required checks to be completed prior to their employment to ensure they were suitable to work in the home.

Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed regularly. Actions were identified to reduce the risk of them happening again.
- Following a recent audit, the manager had identified an increase in the number of falls people had. A falls monitoring record was subsequently included in people's care plans to effectively monitor and identify any themes. This meant they could act to make changes to reduce people's risks of falls and keep them safe.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were being updated at the time of our inspection which included assessments to meet their needs and preferences.
- Assessments of people's diverse needs, such as religious, cultural, spiritual and social values were included in their care plan.
- People's assessments formed their plan of care and provided staff with information on how to meet people's needs. This meant staff could meet people's needs in ways they preferred.

Staff support: induction, training, skills and experience

- Staff received an induction when first employed, which provided them with information, training and skills to effectively support people living in the home.
- Most training modules were above 90% compliant. Staff confirmed they had recently completed training modules as requested and they were supported by the new manager.
- Staff reported they had the right skills and knowledge to meet people's needs, staff were supported and received further guidance when required. This meant they could effectively meet people's needs.

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

- People were supported to eat and drink to help ensure they had a healthy diet. People's nutritional needs were assessed and reviewed and recorded in their care plans.
- People were offered a choice of drinks and snacks throughout the day. One person told us "The food is wonderful."
- One staff member had identified and requested thick handled spoons and plate guards to enable people's independence when eating.
- Although we did not hear people ask for condiments, we did not see staff offering them with people's meals.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with a range of other professionals and organisations to ensure people's needs were met effectively.
- The manager told us they consistently encouraged staff to work with other agencies. This ensured people received effective care as and when they required it.
- We spoke with the Registered General Nurse (RGN) from the local community team who was visiting at the time of our inspection. The RGN completed weekly multi-disciplinary meetings with attendance from the GP

and senior care staff at the home. The RGN reported an increase in staff communication and their receptiveness to follow suggestions made.

- People also received input and regular reviews from district nurses and therapy teams where required. This meant people's needs could be met consistently and in line with their healthcare assessments.

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

- People lived across two units within the building, one of which was dedicated to those living with dementia. Each unit had their own dining room and lounges, and a hair salon was accessible for everyone.
- The building was surrounded by countryside and the dedicated dementia unit had access to a secure garden area. This provided people with safe outside environment.
- The manager told us they planned to introduce a dementia friendly environment and provide further in-depth dementia training for staff.
- People living with dementia did not benefit from adequate signage around the home, this would help them to orientate around the home independently. This would help meet people's dementia needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives. When required, staff accessed healthcare services to meet people's physical and mental health needs.
- Staff were aware of people's healthcare needs, and records documented where staff sought advice or referrals if there was a change in people's needs.
- People's oral care preferences were documented in their care plan to support staff with meeting their oral health needs.

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.

- Since being in post the manager had reviewed and made appropriate DoLS applications with systems in place to meet any recommendations.
- In line with the MCA, assessments of people's capacity to consent to their care and treatment were completed. Where a person did not have the capacity to consent to their care and treatment, best interest meetings were held with professional input and involving the person's relatives and staff who knew them well.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People spoke positively about the care and support they received, with one stating they, "Could not have better staff." Relatives also commented on the positive interaction between staff and their loved ones.
- People were cared for by staff who spent time with them and treated them well. One relative told us the home was, "Very much home from home, friendly and caring."
- Staff received training on equality and diversity to ensure the care they delivered respected people's individual needs.

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

- People had input in their care including decisions made. Care plans were reflective of people's wishes and where appropriate shared the reasons behind them. This ensured staff supported people in line with their wishes.
- Our observations showed staff knew people living in the home well and had a good understanding of each person as an individual.
- Staff involved people when supporting them. For example, staff asked for permission before providing care to people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity when they supported them.
- People's care plans also guided staff on how to respect their privacy and dignity. For example, when supporting them with personal care.
- People felt they still had independence whilst living in the home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care which met their needs. Staff were supported to deliver care in line with people's needs and preferences.
- People's care plans included information, which was important to them, from details of their daily routine to their relationships with their relatives.
- Relatives confirmed they were kept updated of their loved one's care. One relative told us "They keep me fully informed of any changes in their care."

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.

- People's communication needs were assessed and reviewed to ensure their needs were being met.
- People's care plans detailed their communication needs to ensure staff understood how to meet their needs.
- The manager confirmed they would provide information in accessible formats such as in large print, for those who required it.

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 were supported to follow their interests and avoid social isolation.
- People were encouraged to take part in hobbies or activities which were of an interest to them. At the time of our inspection people were playing a game of skittles. People told us other activities included reading, crafts, crosswords and bingo.
- Care plans included people's individual values which supported staff to respect their needs.
- During the current pandemic, people were supported with telephone and video calls with their loved ones. Staff ensured calls took place at a time that suited people living in the home and their relatives. Individual risk assessments were to be completed to re-open the home to visitors following guidance.

Improving care quality in response to complaints or concerns

- People did not have any concerns about the service. One person told us they had, "Nothing to complain about."

- The manager planned resident meetings to capture people's views and make improvements to their care.
- People and their relatives were kept updated during the pandemic through the home's newsletter.

#### End of life care and support

- People's end of life wishes had been considered and their care plans included their preferences during their final days and following their death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had effectively promoted a positive shared culture to ensure good outcomes for people. Since being in post the manager had identified a lack of communication between staff members and with people's relatives and other healthcare professionals. They had implemented ways to address this and improve communication.
- Staff confirmed the positive change in culture due to the manager and described the benefit for both staff and people living in the home.
- Staff described the manager as supportive and approachable. A staff member also told us the manager "Had made an effort to get to know the service users and staff."

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 provider investigated incidents and actions were identified to help improve people's experiences of care.
- The Manager supported staff to be open and honest and share any concerns to make improvements to the home.

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

- Managers and staff were clear about their roles and their responsibilities.
- The manager had applied to register with us and had notified us of relevant events which took place in the home in line with timescales.
- The manager had either already looked into concerns, or took action, when we raised things during our visit. The manager also sent information requests very promptly following our site visit.

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

- People's input into the service was encouraged. Relatives confirmed how their loved ones were involved in their care. A recent staff survey also showed a high level of satisfaction, with one staff member commenting, "I feel it has been a lot better since previous management left, staff are a lot happier, feel more respected."
- People and their relatives received updates on the home through the home's newsletter.

#### Continuous learning and improving care

- Regular internal audits and checks were carried out to identify and address areas for improvement. This meant the manager could monitor and improve the quality and safety of the service. For example, following a medicine audit, the manager had moved the medicines to a more secure room.
- Staff supervisions had been put in place and improvements had been made to the staffing numbers and staff morale.
- People's care plans and risk assessments were being updated by the manager at the time of our inspection. This was to ensure staff had up to date information reflective of people's current needs.
- Since being in post the manager had made improvements to the service, however, was aware further improvements were required and planned to make the changes identified. One staff member told us, "The manager has worked very hard, the difference is amazing."

#### Working in partnership with others

- Staff worked in partnership with GPs, local authority safeguarding teams and health care professionals.
- The manager had supported and encouraged staff to share information and build relationships with others. This enabled them to achieve good outcomes for people living in the home.