

Doddlespool Hall Care Home Limited

Doddlespool Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected this service on 16 December 2014. The inspection was unannounced and in response to information of concern we had received regarding the safety and maintenance of the home. At our inspection in April 2014 the provider was meeting all the legal requirements.

The service provides personal care for up to 27 people. There were 20 people living at the home on the day of our inspection.

There was a registered manager in post but they were on long term leave. 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. The registered manager had arranged for their deputy to take responsibility whilst they

Summary of findings

were off however the deputy left the service a few months before our inspection. A senior carer, with previous registered manager experience, was working as the 'acting' manager.

We found the home was not being well maintained and we identified areas which required repair and maintenance.

There was a suitable recruitment process in place to ensure staff were safe to work with people who lived in the home.

Medicines were stored, administered and recorded correctly so that people received their medicines safely.

Staff understood that some people needed support to make important decisions about their health and well-being. Staff recognised the requirements of the Mental Capacity Act 2005.

People were referred to other healthcare professionals when they needed specialist support.

Staff were kind and compassionate to people. Staff supported people to maintain their dignity and ensured personal care was provided in privacy.

The acting manager was in the process of improving the information recorded in the care plans. The care people received reflected their choices.

People were able to take part in hobbies or interests in a group or individually, dependent on their preferences.

There were some quality assurance processes in place. The acting manager was increasing the audit programme to monitor the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

People were protected from harm because staff understood their responsibility to protect people from abuse. People's risk of avoidable harm was assessed and managed appropriately. People and staff told us there were sufficient staff to meet people's needs. There were processes in place to manage medicines safely.

Good



Is the service effective?

The service was effective.

Staff were not receiving supervision to monitor their performance and development. Staff had access to training which gave them the skills they needed to care for people. Staff had received training on the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Standards. People were referred to their GP whenever additional support and treatment was required. The service worked effectively with people's GP's and referred people for urgent assistance

Requires Improvement



Is the service caring?

The service was caring.

People we spoke with spoke highly of the staff who cared for them. Staff spoke kindly to people and treated them with compassion. People told us staff protected their privacy and maintained their dignity whilst providing care.

Good



Is the service responsive?

The service was responsive.

The care plans were written in a way that reflected people's likes and dislikes. Staff knew what was important to people and provided care which respected their preferences. People received support to take part in pastimes that interested them. People and their relatives knew how to raise concerns and complaints and felt the staff would deal with them appropriately.

Good



Is the service well-led?

The service was not consistently well-led.

The provider was not maintaining the property adequately despite requests for repairs being raised with them. There were no arrangements in place to ensure people could be safely evacuated in an emergency. People were happy with the management arrangements in place. There was a quality assurance process in place to monitor the service people were provided with.

Requires Improvement



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 was undertaken by two inspectors and took place on 16 December 2014. We inspected this service because we had received information of concern regarding the upkeep of the building. The inspection was unannounced.

We had not asked the service to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications the service had sent to us. A notification is information about important events which the service is required to send us by law.

We talked with six people who used the service and four relatives. We also spoke with the acting manager and five members of staff.

We reviewed three care plans, four staff recruitment files and information relating to the management of the home. We also spoke with the fire safety officer and an environmental health officer.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Doddlespool Hall. One person said, “Yes, I’m quite safe here”. A relative told us, “There’s always enough staff to keep them safe”.

People were protected from abuse. Staff had a good understanding of what would constitute a safeguarding concern. Staff we spoke with were able to explain the signs they would look out for which might indicate a person was being abused. All of the staff were able to tell us how and where they would report concerns. One member of staff said, “I’d go straight to the manager if I was concerned”.

People’s risk of harm was assessed and recorded. We looked at three care plans and saw they provided detailed risk assessments. The risk assessments used a scoring system to determine people’s likelihood of risk and whether the risk was rated high, medium or low. The level of support and if appropriate, the equipment required to minimise people’s level of risk was based on the individual assessment. One person who used the service was using specialist equipment. We saw this had been fully risk assessed and regularly reviewed to ensure the arrangements in place still met their needs. We saw there was appropriate warning signage in place informing staff and visitors of the risks associated with the equipment.

We saw a risk assessment had been completed for people living with dementia, which recognised they would need additional support from staff when seen by the GP and other healthcare professionals.

Information was recorded about accidents or incidents which occurred in the home. Staff told us they were aware of the type of incident, including falls, that they should report. There were no arrangements in place to analyse incident trends. This meant there were no arrangements to use the information gained to inform the care provided.

People and relatives told us they did not have any concerns about staffing levels. One person said, “The staff always come when we need them”. A relative said, “There’s always enough staff when I come to visit”. One member of staff said, “I think we have enough staff to meet people’s needs”.

The acting manager told us they were maintaining staffing levels although they had two carer vacancies which they were trying to recruit to. The acting manager told us, “The staff are good at covering extra shifts. We don’t use agency staff”. Staff confirmed they were covering gaps in the rota but one member of staff said, “We work extra hours to cover”.

We looked at four recruitment files and saw there was a suitable process in place. A new member of staff told us, “I had to provide proof of my identity, information on previous employers for references and had to wait for clearance [from the Disclosure and Barring service] to come back before I started working here”. The Disclosure and Barring service (DBS) provides information to employers if staff have a criminal record. We saw that external healthcare professionals coming into the home were also asked to share their DBS clearance which meant people who used the service were protected.

People told us that they received their medicines as prescribed. We saw that staff explained to people what their medicines were for and ensured that the medicines were taken before they left the person. Medicines were stored safely and securely. We saw there were daily checks in place to ensure the temperature of the storage areas remained constant to maintain the condition of the medicines. This meant people’s medicines were being managed safely.

Is the service effective?

Our findings

The members of staff we spoke with told us they felt well supported. One member of staff said, "I feel I can speak to [the acting manager] about anything that worries me". Staff told us they had not received supervision for some time. This meant staff did not have the opportunity to reflect on their performance with a manager or discuss their personal development. The acting manager told us supervision had not been provided before they had taken over and recognised the sessions needed to be implemented. The acting manager said, "I will be arranging supervision for staff but there were other things I needed to setup first".

People we spoke with told us they were happy and felt well supported by staff. One person said, "They're very good to us". We asked people and their relatives if they felt staff had the skills and knowledge to support them and they told us they did. A relative said "Yes I would say they do." This meant people were supported by staff who had the skills to care for them.

Staff we spoke with told us they received training which was relevant to the care they provided. One member of staff told us they had been provided with training by a healthcare professional on the prevention and treatment of skin damage caused by pressure. We saw that staff used this knowledge to protect people from developing pressure ulcers. A relative told us they had specialist knowledge relating to the care of hearing aids and had arranged to provide staff with a training session regarding this. This meant staff received training to improve the lives of people living in the home.

Staff said they received training through either practical sessions or distance learning using workbooks. One member of staff said, "When we did the classroom training I came away feeling that I had learnt something and feeling confident in that area".

New staff were provided with an induction programme. One new member of staff told us that although they had previously worked in the home through an agency they were provided with a full induction. The member of staff said, "I was given time to look at policies and then shadowed a member of staff for a few days so I could get to know people".

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of

Liberty Safeguards (DoLS). The MCA sets out what actions must be taken for people who are unable to make decisions about their health and welfare without support. The staff we spoke with could explain how they would support and protect the rights of people. One member of staff said, "People have their capacity assessed if we think there may be a problem. Then we can make sure they get the right support". At the time of our inspection no one living in the home had a DoLS in place.

People told us they could choose how they wanted to spend their time and staff would respect their wishes. One person told us, "I choose to spend time in my own room and staff are fine with this. They just keep popping in to make sure I'm alright". We observed staff asking people for permission before they provided care. The care plans we looked at confirmed that people had been asked to sign their consent to the care and support they received. This meant people had signed to indicate their agreement to their care.

We saw people being offered hot and cold drinks regularly throughout the day. Prior to lunch people were asked if they'd like a glass of sherry and we saw several people enjoying their drink as a pre-lunch aperitif. A member of staff told us, "People can have a glass of what they fancy; sherry, wine or beer".

People told us they were given a variety of meals to choose from. A relative we spoke with told us, "Everyone is asked for their meal preferences, I've seen the staff doing this". Everyone we spoke with was complimentary about the food. One person said, "The food is very nice, it suits me." Another person told us, "The food is good. I like it". During lunch we saw that staff were attentive to people's needs. People who required assistance to eat received support from staff on a one-to-one basis. We saw staff interacted well with people whilst they were sitting with them at mealtimes. People were supported to eat at their own pace. One person, who staff had been helping to eat their meal, said "They don't rush me. I would tell them if they did".

Some people needed a specific diet to support and maintain their health. We saw in one person's care plan that following discharge from hospital, their food needed to be mashed with a fork. The care staff we spoke with were aware of this requirement and we saw at lunchtime, the meal was provided correctly.

Is the service effective?

We saw people were weighed regularly and actions were taken when weight loss was noted. Care staff told us that people were weighed on a monthly basis unless closer observation was required, for example when people's food and fluid intake was being monitored. The records we viewed confirmed these arrangements were in place and adhered to.

People we spoke with confirmed the staff arranged for them to see their GP whenever necessary. One person had been identified as someone who was at high risk of unplanned hospital admissions. We saw that this person's GP was providing additional support to them and was involved in developing and reviewing their care plan. We saw one person's care plan described how they had suddenly become unwell. Staff told us they had reacted

quickly to ensure the person was treated promptly by the emergency services. A relative told us, "My [their loved one] needed stronger pain relief and the staff got the GP in quickly".

We saw that people had access to other healthcare professionals. Care plans we looked at included referrals to a range of external services. A relative told us the staff referred people for additional support whenever necessary and said, "My [the person who used the service] needed specialist support and the staff realised that and got somebody in quickly." Another relative told us staff kept them up to date about any changes affecting their loved one and said, "The staff are really good at letting us know if they feel my [the person who used the service] needs to be referred to someone".

Is the service caring?

Our findings

All of the people and relatives we spoke with were complimentary about the staff. One person said, “The staff work hard and they’re very caring”. Another person said, “It’s lovely here”. A relative told us, “My [their loved one] is very well looked after. It’s like a small hotel here”.

We saw staff were polite to people and treated them with kindness. People looked at ease and relaxed with the staff. We saw one person sitting and singing along to songs on the radio and the staff took time to comment or join in with them. Another person said, “I can’t fault the staff, we have a good laugh and a joke”.

We saw good communication between people who used the service and the staff. They listened to people’s views with patience and interest. The acting manager told us they worked alongside the care staff and used the opportunity to observe people’s care in practice. One relative told us, “The acting manager works with staff. She’s really on the ball and I think this gives staff a bit of a push”.

Staff we spoke with knew people’s individual preferences. People and their relatives told us they were encouraged to

share information so that staff could provide care in the way people preferred and we saw people’s care plans provided detailed information. We saw in one person’s care plan that they disliked wearing particular clothing and the staff we spoke with were aware of this and supported the person to dress as they preferred. One member of staff told us, “I think people are looked after really well here”, another member of staff said, “We like to give people good care and support”.

We saw relatives coming to visit at all times during the day. One relative told us, “The staff are approachable and make me feel welcome whenever I visit”. A small lounge was available for people to have private time with their visitors. Another relative told us, “Sometimes there’s quite a lot of us so it’s nice to have the small lounge. It means we don’t disturb other people as well”.

People were supported to maintain their dignity and privacy. We saw staff checking people were appropriately covered when they were being moved and ensuring that doors were closed when they delivered personal care. Staff demonstrated they respected people’s privacy by gaining consent before entering their rooms. One person told us, “They [the staff] do respect us”.

Is the service responsive?

Our findings

We saw when people asked for support to visit the bathroom staff responded quickly and discreetly. A relative we spoke with told us, “The staff always ensure my [their loved one] has the buzzer within easy reach and the staff come immediately it’s pressed as well as popping in regularly to check on them”.

The acting manager told us they were working to improve the information provided in the care plans. The care plans we looked at had recently been updated by the acting manager and contained detailed information about the people who used the service, what they liked or disliked and if they had preferences for their care.

We saw that the information in the care plans reflected what was important to people, for example, one person said they liked to look nice and we saw staff ensured they met this need for them. There was clear information and detail in the care plans about the level of support people needed, what they were able to do for themselves and guidance to staff about how to support the person to meet their needs. One relative told us, “They [the staff] have got to know my [the person who used the service] well”.

There were arrangements in place to review the care provided and update the care plans to reflect changes in people’s needs. Some of the care plans we looked at had not been updated as regularly as the provider had planned however when we spoke with staff they were able to tell us how they had adapted care to reflect people’s current strengths and preferences. A relative told us they were encouraged to be part of reviews of their loved one’s care and one person said, “The staff sometimes have to chase me up about coming in for the reviews as sometimes I forget. The staff like you to be involved”.

People’s daily care was recorded. Staff told us and we saw that information was written about people’s care. A member of staff told us, “Nothing is missed out; the person’s whole day is recorded in detail”.

One member of staff was employed solely to support people to enjoy their hobbies or social interests. When we arrived one person was having a manicure. The member of staff told us, “I try to provide what people want. Some people like to do quizzes, others craft work but a lot of people just like to sit and chat”. People we spoke with confirmed they could join in with group pastimes or have support on a one-to-one basis either in their bedroom or a communal room. A relative told us, “Sometimes my [the person who used the service] likes to join in but there’s no pressure to do so”.

We saw there were arrangements in place to provide pastoral support to meet people’s individual needs and preferences. People we spoke with told us they had enjoyed a Christmas service the day before our inspection. A relative told us, “My [the person who used the service] likes the church service. They enjoy the hymn singing”. This meant people were supported to maintain their beliefs.

We saw there was a process in place if people wanted to complain about the service. People we spoke with and their relatives told us they did not have any complaints about the staff or the service they were provided with. People said they would raise any concerns directly with the staff. One person said, “I’d speak to the staff if I wasn’t happy”. A relative told us, “I was given information about complaints when my [the person who used the service] first moved here”. I would speak to the manager”. Another relative said “Any concerns are sorted straight away”. This meant people and their relatives knew how to raise a complaint and were confident their concerns would be addressed.

Is the service well-led?

Our findings

Prior to our inspection we had received concerns about the upkeep and maintenance of the home. We saw that several areas of the home were in need of repair to ensure people's health, welfare and safety was maintained.

Some of the window panes in the home had broken. Several of the windows in the home had peeling paint and were covered in black mould. In one person's bedroom the window was cracked. In another person's bedroom plastic film had been applied to the window to reduce the draught. This room was cold and an electric freestanding radiator had been put in place to supplement the central heating. The person sitting in the room also had a rug over their legs to keep them warm. We noted that some areas of the home were poorly lit and found three lights in one corridor were not working.

Staff told us the floor in the kitchen was damaged and uneven. We saw there was an area in the centre of the kitchen where the flooring had lifted. One member of staff had tripped on the floor whilst working in the kitchen. A risk assessment had been undertaken and there was a hazard cone in place. The damage was in the centre of the kitchen and staff still needed to use the area to prepare food. We saw the damage on the floor had been raised with the provider on several occasions but the floor had not been repaired. Following our inspection we contacted the local authority environmental health department. An environmental health officer visited the home and gave the provider a four week period to make the floor safe.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We also contacted the fire service regarding concerns about the fire safety at the home. The fire safety officer inspected the service in December 2014 and found the fire risk assessment was not available, as is required. The fire officer also raised concerns about the fire alarm system as there were no arrangements in place to regularly test the fire alarm. The fire safety officer planned to return to the service to ensure their requirements had been implemented. We found there were no recent personal emergency evacuation plans (PEEP's) in place. PEEP's set

out, for the emergency services, the support people require to leave the building should an emergency occur. The lack of this information could delay people's evacuation in an emergency situation.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been changes in the management arrangements at the home. The registered manager had been on leave since the beginning of 2014 and in their absence the home had been run by a deputy manager. The deputy manager left the service in August 2014. The provider had notified us about this as part of their legal obligations. When we inspected the service a senior carer, who had previously been registered with us as a manager at another service, was managing the home. People and relatives told us they were aware of the changes that had taken place. Relatives we spoke with told us they thought the home was being managed well. One relative told us, "The acting manager is good. I can't fault her". Another relative said, "The management arrangements are much better now".

Staff told us they had been through an unsettling period with the changes in management. The staff we spoke with told us they felt the acting manager was supportive and approachable. All of the staff we spoke with said communication within the home was good. We saw there was a communication book in place for them to share messages with each other. One member of staff said, "The acting manager is good. She works with you and I'd feel comfortable to approach her if I was concerned about anything".

The acting manager had introduced an audit programme to monitor the quality of the service being provided. We saw monthly checks on areas which directly affected people's care, such as the quality of care plan entries, the recording of medication and people's laundry service. The manager told us they were increasing the scope of the audits and would use the information to improve care for the people who used the service. People had not been asked to complete a satisfaction survey to share their experience of care at Doddlespool Hall. The acting manager told us that a survey was planned but had not been issued.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the provider must be properly maintained.

Regulation 15 (1) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider was not assessing, monitoring and improving the service provided in the carrying on of the regulated activity.

Regulation 17 (2) (b)