

Chelcare Limited

# Doddington Lodge

## Inspection report

Doddington  
Hopton Wafers  
Cleobury Mortimer  
Worcestershire  
DY14 0HJ

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 March 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm whether they now met legal requirements.

This inspection took place on 23 November 2016 and was unannounced.

Doddington Lodge provides accommodation and personal care for up to 41 people, some of whom are living with dementia. At the time of our inspection there were 24 people living at the home. Doddington Lodge had two separate living areas. The 'A side' for people living with dementia and the B side for people who have complex health needs.

There was not a registered manager in post. There had been a temporary manager in post since June 2016. 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 and associated regulations about how the service is run.

At this inspection we found the registered provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that we identified during the last inspection. These were in relation to person centred care, safe care and support, governance of the service, nutrition, staffing and for failing to display their rating.

There was effective leadership in the service but these are interim arrangements and until a registered manager is in post we could not be assured that the pace of improvement would be sustained.

Quality assurance systems were in place. There was a clear drive to improve the care and support for the people that lived there.

People were kept safe from harm. There were enough staff on duty to keep people safe and respond to people's health needs at the times when they needed support.

People were treated with dignity and respect.

People received the appropriate support to maintain healthy nutrition and ensure people's specific dietary needs were catered for.

People were supported to access health and social care services to maintain and promote their health and well-being when needed.

Staff did not start working with people until checks had been made to make sure they were suitable to support and care for the people living in the home.

People received their medicines safely. Medicines were ordered, stored administered and disposed of safely.

People were given support to make choices and decisions about their care and support. Where people could not make specific decisions themselves these were made in their best interests by people who knew them well.

## 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 were protected from harm or abuse because risks to people's health and care were identified and managed appropriately.

People received their medicines safely as there were systems to ensure that medicines had been given as prescribed.

There were enough staff to keep people safe and meet their health needs.

### Is the service effective?

Good ●

The service was effective.

Staff had the support and training they needed to meet people's individual needs.

People had access to other health professionals to maintain their health and wellbeing.

People had the appropriate care and support to ensure that they had adequate nutrition.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People received the care and support they needed.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that reflected their own individual needs and preferences.

Staff responded appropriately to concerns that people raised.

There was a system in place to respond appropriately to complaints.

### Is the service well-led?

The service was not always well led.

There was no registered manager in post.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

**Requires Improvement** 

# Doddington Lodge

## 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.

The inspection took place on 23 November 2016 and was unannounced. The inspection team consisted of two inspectors.

We looked at the action plan that the provider sent us following the last inspection. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR. We also looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as statutory notifications and providers are required to notify us about these events. We also asked the local authority and the local Healthwatch for any concerns or information relating to service. We did not receive any information of concern. This information was used in the planning for the inspection.

We used the Short Observational Framework for Inspection (SOFI) because some people were unable to communicate with us verbally. SOFI is a specific way of observing care to help us understand the experience of people living at the home.

We also spoke with six people who lived there, three relatives, one healthcare professional, one professional development manager from an external agency, four care staff, two team leaders, the deputy manager, the acting manager and the provider. We looked at the care records of five people, including care plans and risk assessments for epilepsy, diabetes, falls management and continence, assessments of people's needs and daily records. We also looked at the systems for monitoring the safety and quality of the service.

# Is the service safe?

## Our findings

At our last inspection on 30 March 2016 we found that there were multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were, Regulation 12 Safe care and treatment, Regulation 13 Safeguarding people from abuse and improper treatment and Regulation 18 Staffing. In May 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. The provider told us they were going to increase the training that staff had and deploy the staff effectively to ensure that people had support to keep safe at all times. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

At our last inspection we had concerns that risk assessments were not being completed and action not being taken to protect people from the risk of injury. The provider told us in their action plan and in the PIR that they would review how people's individual needs and risks were assessed and managed. During this inspection we found that improvements had been made. We found that there were now appropriate systems in place for the safe management of risks to people safety.

We identified a person whose care records indicated they had on occasion received injury from falls. We found that a full falls risk assessment had been carried out that identified factors that increased the risk of falling for this person. Care plans and risk assessments informed the staff what needed to be done to reduce the risk of falls. All of the staff that we spoke with were aware of what needed to be done to keep the person safe. We saw other examples where when needed referrals and advice had been sought by the manager from other health professionals to ensure that people continued to receive safe care and support.

People now felt that there were staff to meet their individual needs. Improvements had been made since the last inspection, to the number of staff on each unit and also to how staff were deployed around the home. One person said, "It is better with staff now." A relative told us how staff seemed to have more time to spend with people. Staff also told us that their roles had improved. One staff member said, "We are still very busy, but now we have more realistic time to get things done." Another member of staff said, "This service has completely turned around."

People did not have to wait to get their needs met. At the last inspection we found that some people did not get up until lunchtime even though this was not always their choice. This had been because how staff were deployed during the morning routines. Staff told us that morning routines had improved and that people were now getting up closer to the times they wanted. The manager told us that unless a person requested it was now expected that people were up by 10.30am at the latest. Our observations showed that when people needed assistance this was given readily.

The provider told us that currently the home had a number of vacancies that they would seek to fill once the service had moved out of special measures. They assured us that any increase in the occupancy of the home would be met with an increase in staffing levels, as they acknowledged that there had been issues with low staffing numbers in the past.

People told us that they felt safe and that they were more reassured now that more staff were around. Staff told us what they would do if they suspected abuse. They told us about the different types of abuse and the agencies that would need to be contacted in the event that a person was at risk of harm. There were systems in place to protect the people that lived in the home and to make sure that the relevant authorities were informed and action taken to keep people safe. The manager and the provider understood their responsibilities to identify and report potential abuse under local safeguarding procedures.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines. Where people had been prescribed emergency medicines, up to date protocols were in the care records. These provided instructions on when these medicines could be given. The staff we spoke with understood when these medicines could and could not be given. This meant that medicines were given appropriately at the time the person needed them.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work for the provider. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.



# Is the service effective?

## Our findings

At our last inspection on 30 March 2016 we found that there were multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were, Regulation 14 Nutrition and Regulation 18, Staffing in relation to appropriate support and training for staff. In May 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. They told us that they would review mealtimes and ensure that people had access and support at all times to access food and drink when they wanted. They also told us that they would improve the support and training for all staff. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

At our last inspection we had concerns that people did not have adequate food and drink to meet their nutritional needs. We had found that people's specific dietary needs were not assessed or being met. The provider told us that people's individual needs would be assessed and they would make sure that people's nutritional requirements were identified and monitored. For example one person required specific monitoring of their sugar intake as their diabetes was difficult to manage. The cook told us how through a daily detailed discussion with senior staff they were aware of how the person's diabetes was. They were then able to adapt the person's diet on that day to meet their individual requirements. During this inspection we found that improvements had been made.

People told us that their dining experiences had improved. One person told us about how they now enjoyed mealtimes. Where before mealtimes had been unstructured, we now saw that mealtimes were calm and sociable with people getting the support they needed to eat and drink safely. Last inspection we found that people did not have access to food or drinks except at mealtimes. This had meant that people did not have adequate fluids through the day. We now saw that drinks and snacks were readily available for people throughout the day. One person told us, "We got plenty of cups of tea. I like that." We saw occasions when people asked for a drink and staff were quick to respond and make sure they got the drink they requested.

Where needed people's food and fluid intakes were monitored and any concerns were referred straight away to the relevant health professional. The manager told us that they felt confident that staff were now more aware of people's needs and were quick at identifying and raising any concerns. There had been a change in kitchen staff and a new cook had commenced. We spoke with the cook and they demonstrated an in depth knowledge of people's individual dietary needs. People and staff said that the quality of the food had improved. They felt people's appetites and enjoyment of their food had vastly increased.

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 said that staff supported them to make choices and that their wishes were respected by staff. Staff

told us about the importance of getting people's consent before carrying out any care or support. Staff were able to tell us what needed to happen if people could not make certain decisions about their care or support. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, advocates, social workers and the person themselves. We did see that staff made sure people were asked and given choices before having any personal care and what staff told us demonstrated that they had knowledge of the principles of the MCA. All the staff we spoke with had received training about the MCA.

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. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. At the time of inspection the manager told us that 11 people were subject to a DoLS. Staff showed an understanding of what these restrictions meant for people.

People and relatives said that staff understood people's needs. One relative said that staff had, "renewed freshness, energy and drive to better understand people's individual needs." In the PIR the provider told us that they would review the training that staff received. Staff told us that they now felt they had adequate training and support to carry out their roles safely and effectively. They said the support they got from the manager was good and that training had improved. They told us that what they learnt was discussed with the manager in their regular supervisions. Training was more structured and the provider was working with an external trainer to get consistency of learning for all of the staff. We spoke with the professional development manager who was overseeing the staff training. They told us that they were impressed by how keen the staff were to learn. Staff were positive with us about the changes that had happened with the training. We observed that staff had confidence in putting into practice what they had learnt. For example staff were more aware of how to support people who were living with dementia. We found that staff were adopting low arousal approaches with some people so that they would not become anxious when staff supported them. When we spoke with staff they demonstrated good knowledge of people's needs. The manager told us that they were putting emphasis on giving staff the right skills to do their jobs effectively.

People told us that if they were feeling unwell or their needs changed staff were quick to involve other professionals. A relative said that they felt their family member's health needs were met and any health concerns responded to quickly. We saw one person who complained of a painful shoulder. Staff responded straight away and asked them if they wished to see a doctor. An appointment was then arranged for later that day. Staff told us that they were aware that the shoulder had been problematic for the person and that they had been regularly checking with the person that they were alright. The person told us, "I had a bad shoulder and they got the doctor out to see me. They have been giving me paracetamol for the pain when I need it." A healthcare professional we spoke with felt that the staff made timely referrals and followed any advice given closely.

# Is the service caring?

## Our findings

At our last inspection on 30 March 2016 we found that we had concerns that people were not always treated with dignity and respect. The provider told us in the PIR that they would ensure all staff treated people with dignity and respect. At this inspection we found that improvements had been made.

At our last inspection we found that staff did not always respected the choices that people made. We saw incidents where staff had used derogatory terms when talking about people. One staff member told us, "The old way of doing things has gone. There is no tolerance of disrespectful care here and the staff from before have largely gone. It is such a nicer place." The manager told us that there was now a zero tolerance to poor care and staff would and had been disciplined for this. A relative said, "I feel that [person] is important to staff and that she is well loved. They are willing to go that extra mile."

People told us that they now felt involved in their care and support. People told us that their care was discussed with them and that staff and the manager took the time to understand what people wanted and whether they were happy with the care. There were now regular monthly meetings for the people that lived there. People told us that they had the chance to discuss what activities they wanted to do, menu ideas or any concerns or comments they had. They said they felt valued and listened to.

People told us that the care and support they received was good. They said that staff were caring, kind and always treated them with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before entering their room. Care was provided in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. We also saw that staff made sure people were happy with their care and support by maintaining conversation through any care tasks. Staff told us that this involved the person and respected people's wishes throughout their care and support. Staff told us that since the manager had started there had been a big emphasis on dignity and respect. Staff told us that they had training on dignity and respect and there was always an emphasis on dignity and respect through all of the care and support that staff provided. The registered manager told us that staff were always encouraged to think about treating people with dignity and respect.

## Is the service responsive?

### Our findings

At our last inspection on 30 March 2016 we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation breached was, Regulation 9 Person-centred care. In May 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. They told us that they were going to review everyone's care and personalise information and approaches to the individual people that lived there. At this inspection we found that improvements had been made and the provider was no longer in breach of the Regulation.

At our last inspection we found that there was a lack of person centred care. There was inadequate information about people's interests and history to promote people's individual preferences, personalities or respect their personal histories. Staff did not understand people's individual likes, dislikes and needs. At this inspection we saw that everyone that lived at Doddington Lodge had their care records reviewed. As part of this review, time had been taken by the manager, the activities co-ordinator and staff to better understand people's hobbies, interests and histories. Our observations and discussions with staff showed us that staff took time to fully appreciate people as individuals. For example staff told us that one person liked to talk about their past. Later in the day we saw a staff member sat with them reminiscing. One relative told us how they now felt staff understood who their family member was.

People told us that they had an increase in opportunities to participate in activities. The provider had employed a new activities coordinator who had gathered from people what they wanted to do and started a programme of activities that reflected this. Staff said that they were now encouraged to give people time and to discover what people's individual interests were; something which staff said had not been encouraged before. There had been themed days such as celebrating 'national sandwich day', garden activities as well as music and art and crafts. People spoke positively about the time staff spent with them. One person had raised at the last inspection that they did not have the opportunity to pursue their interest in nature. We found that now they were given the opportunity to go into the garden and to talk with staff about the birds and animals they had seen. They told us that they enjoyed this.

People told us that they felt they could raise any concerns or complaints and they would be listened to. People told us that they felt the manager was approachable and took the time to listen to them. Relatives told us how they felt things had improved regarding the openness and approachability of the manager. One relative said, "Previously you would be unsure if anything you said would be listened to and acted upon. Now it is completely different, I have no doubt that any complaints or concerns would be dealt with swiftly." We asked staff how they gathered views from people whose health needs meant they may have difficulty in voicing concerns. Staff told us that they felt confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. There had been one recent complaint and we could see that this had been quickly resolved. We could see that there was a system in place to respond and investigate concerns appropriately.

## Is the service well-led?

### Our findings

At our last inspection on 30 March 2016 we found that there multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were, Regulation 17 Good governance and Regulation 20A for failure to display their ratings. In May 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. They told us they would urgently review and change how the home was managed. They also told us that they would ensure the ratings were displayed clearly. The provider told us in the PIR that they would ensure that they 'promote good practice.' At this inspection we found that improvements had been made and the provider was no longer in breach of the Regulations.

At our last inspection there was no consistent system for the provider to identify, address and monitor any concerns or risks relating to care. The provider and the manager now carried out regular checks and audits. These included checks on falls, continence care, medicines and also care records. The manager showed us that there were now systems to identify and manage risks. For example we found where people's falls had been monitored and where as a result of this risks, had been identified and appropriate action taken.

At our last inspection the provider had not displayed the current inspection rating. This is a requirement of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This did not provide transparency about the care and treatment provided by Doddington Lodge and did not help people to make informed choices about their care. We now found that the current ratings were clearly displayed in the building and on the provider's website.

We could see that considerable improvement had been made by the provider and manager. However the current manager was brought in as a short term interim manager with the aim of improving the service. They are due to leave in January 2017. The provider has successfully interviewed a person to become the new manager; however at the time of inspection they were still awaiting the relevant checks before they can commence employment. This meant that the service did not have a registered manager and we could not be assured that the improvements made could be sustained in the future.

All of the people and staff that we spoke with felt that the manager was approachable. Staff were positive about the openness and supportive manner of the manager. One member of staff said, "The attitudes and support of management has improved so much."

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. They all told us that they would report straight to social services or CQC. One staff member said, "Abuse is totally unacceptable and no one would hesitate to report it."

There were systems in place to gather feedback from the people that lived at the home, their relatives and other professionals. There were now regular meetings for the people that lived there as well as regular staff meetings and meetings for relatives. The manager and provider told us that they were now working hard to

gather people's feedback on an on-going basis. One relative said, "At last it seems that someone is taking interest in how people feel."

The manager felt supported by the provider to be able to make decisions relating to the service. They told us that there was never any question if extra support was needed all they needed to do was ask and the provider would enable it to happen.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.