

## Barchester Healthcare Homes Limited

# Iddenshall Hall

### 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	

#### Overall summary

We inspected this service on 2nd and 3rd December 2015 and the inspection was unannounced on the first day.

Iddenshall Hall has been operating as a care home since 1987. It is an adapted property with purpose-built extensions on ground-floor level. Care and support is provided for up to 42 older people.

The home is in a rural location in the village of Clotton, near Tarpurley. The grounds and gardens are accessible to residents. There is also an internal courtyard area (with seating), which residents can access.

The previous inspection was undertaken in August 2013 and action was needed in relation to staffing. We followed this action up in December 2013 and found the service was able to demonstrate they were meeting the required standards without a need to visit the service.

There is a registered manager in place at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe at the service and that the staff understood their care needs. People commented "I have no concerns or problems", "The activities are good", "Staff meet the needs of [name] well", "The staff are very nice and helpful", "The staff get on well together" and "It's very good here, homely."

We found the registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge. Policies and procedures related to safeguarding adults from abuse were available to the staff team. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

The provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff recruitment.

People where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where changes in someone's health needs had been identified. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and treated people with respect.

We found the home was clean, hygienic and well maintained in all areas seen.

We looked at the care records of three people who lived at the home. We found there was good information which was centred on the individual person and was written in a way that recognised people's needs. We saw that care plan reviews were completed and up to date.

We saw that the administration of medication was undertaken in a timely manner, which meant that people received their medication administered as prescribed.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people could be confident that they were protected from staff that were known to be unsuitable.

We looked at staff training and we saw that staff undertook a range of training in line with their identified roles. Staff had up to date supervision and appraisals and had the opportunity to attend relevant meetings.

We looked at staffing levels at the service. People who lived at the service said that staff were available when they needed them. A range of activities were available to encourage social contact and stimulation. We noted that an activities coordinator was employed at the service and that there were planned activities throughout the month.

We looked at how complaints were dealt with. People told us they would approach the staff on duty or the management team. The service had received three complaints since the last inspection and we saw the documentation relating to these and found the procedure used followed the information within the complaints policy and were dealt with in a timely manner.

We saw that the service had a range of quality assurance systems in place and we noted these were up to date.

People told us the food was very good. We observed the lunch time meal being served and saw that sufficient staff were available to help people as required throughout the mealtime.

# 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.

Good



Safeguarding procedures were in place and had been consistently followed by the service which meant that people who used the service were protected from harm.

Medication administration was managed safely.

We found that recruitment practice was safe and policies and procedures were in place to ensure that unsafe practice was identified. People were protected from staff that were unsuitable to work with people who lived at the home.

### Is the service effective?

The service was effective.

Good



Staff undertook a range of training that was relevant to their role. Staff had up to date supervision and appraisals and had access to a range of meetings.

We found there was a choice of meals available and people told us that the meals were very good.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf. The service had policies and procedures in place in relation to the MCA 2005.

### Is the service caring?

The service was caring.

Good



We saw that staff encouraged people to make decisions on a day to day basis and staff were kind and caring.

People we spoke with commented on the caring and kindness of the staff team. People told us that their privacy and dignity was respected when staff were supporting them, particularly with personal care.

### Is the service responsive?

The service was responsive.

Good



People's health care needs were assessed with them and access to health care professionals was available. People were involved in their plans of care.

We looked at how complaints raised were dealt with, and found that processes were in place and these were used to deal with issues.

A range of activities were available to people to encourage involvement and social stimulation.

# Summary of findings

## Is the service well-led?

The service was well-led.

A registered manager was in place who was supported by unit managers, care and ancillary staff. We saw the manager had an open door policy and the service was well led.

The service had a wide range of quality assurance systems in place, which were up to date.

We observed a culture of openness and a friendly and warm atmosphere amongst the people who lived at Iddenshall Hall.

Good



# Iddenshall Hall

## 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.

We inspected Iddenshall Hall on 2nd and 3rd December 2015. The inspection was unannounced on the first day. The inspection team consisted of one adult social care inspector.

On the day of our inspection we observed staff supporting people who used the service. We spoke with seven people who used the service, two visitors, three visiting

professionals, the registered manager, the unit manager and seven staff members. We spent time in the office looking at records. These included three people's care and support records, three staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals, complaints and any other information from members of the public. Before the inspection we examined notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams and Healthwatch for their views on the service. None of these people had any concerns about this service.

# Is the service safe?

## Our findings

People told us they felt safe at the home and were well cared for by the staff. Comments included “I am looked after well here” and “I like it here.” Visitors confirmed that people were safe at Iddenshall Hall and said “[name] is well cared for” and “The staff are very nice.”

People told us they were supported to take their medication. One person said “Staff give me my medication when I need it.” We spoke with the unit manager who explained the system used, which was a monitored dosage system in blister packs. There were two medication trollies used which were stored in a locked cupboard when not in use. Within the Medication Administration Record (MAR) sheet files we saw that each person had their own MAR sheet with a photograph of the person which enabled staff to easily check that the medication was being given to the right person. Also a medication profile was included which showed details of known allergies and any administration difficulties. A PRN (when required) medication protocol was also included where appropriate. We observed the unit manager administering medication and saw that she was aware of how different people required their medication. For example one person liked the tablets placed in their hand, whilst another person preferred them to be put on the table. Drinks were offered to assist people to swallow the tablets and reminders were given to take the medication as needed. The unit manager waited until the medication had been taken before leaving the person. We saw the process was undertaken in a kind and caring manner, giving people the option of how to take their medication and at their own pace, which promoted dignity and respect to the individual person. The registered provider had a policy on the safe management and handling of medication which staff told us they were aware of. Staff also confirmed that they had undertaken medication awareness training and that annual medication competency checks were undertaken. Staff training records confirmed this. Temperature checks of the medication fridge were noted and records confirmed this. Thermometers were noted in the medication room and cupboard (where the trollies were stored). We noted that the cupboard was quite warm at 23.4 degrees centigrade. This should not exceed 25 degrees in line with NHS guidance on monitoring the temperature of areas where medication is stored. Records had been completed in the past but were not up to date. We spoke with the unit

manager who said that records of temperatures would be reinstated and that discussions had been held with the registered manager about an alternative place to store the medication trollies.

Staff told us about how they would keep people safe. They explained the different types of abuse that could occur and said they would report any concerns they had to the unit manager or registered manager. They said they had undertaken training in safeguarding and records confirmed this. The registered provider had a copy of the local authorities safeguarding policy and during discussions with the registered manager she explained the process she would undertake if a referral was required. She had made one referral over the last year. We saw that documentation had been kept and appropriate action taken. The registered provider also had their own policy on safeguarding of vulnerable people.

People told us there were staff available when they needed them. One visitor commented that it would be good to have more staff but the current levels “seemed ok”. Another said “I don’t think there is enough staff, staff are pushed to the limits.” However, we found that during our visit there were staff available to support people and that call bells were answered in a timely manner. We reviewed four weeks rotas and saw that a senior care assistant and three care assistants were on duty during the day and were supported by the unit manager and a cook, kitchen assistants, domestic assistants, handyman, activities co-ordinator and laundry assistant.

We reviewed three staff recruitment files and saw they were well presented. Staff had application forms, person specification and job descriptions in place. Two references were taken and one of these was the previous employer. Disclosure and Barring Service (DBS) checks were undertaken. A DBS is undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. Terms and condition of employment were included with signed agreements from staff members with regard to uniforms; 48 hour working week opt out and using social networking sites. This meant that robust recruitment processes were in place to ensure staff were suitable to work at the service.

People told us the home was kept clean and free from unpleasant smells. Visitors commented that the home was always clean had a ‘homely feel’ and was maintained to a good standard. Comments included “The home always

## Is the service safe?

smells clean.” We toured the building, saw all the communal areas and a range of bedrooms. We noted that the home was clean and well maintained throughout. We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm and nurse call systems were regularly checked and serviced. This meant that good systems were in place to ensure that the home was safe and adequately maintained.

A fire risk assessment was in place and up to date. Personal evacuation plans were in place for each individual. This included the type of evacuation required, any complex needs and the number of staff required. A colour coded system was used to show the level of risk for example a

person recorded as “amber” would be able to mobilise with assistance. The home had a “grab bag” which included a copy of the personal evacuation plans, fire evacuation folder, details of who to contact and a guide of what to do in an emergency. This was checked on a weekly basis to ensure information was up to date. Accidents and incident forms were completed as necessary and a summary of these was completed. A falls analysis had been completed and this included where the incident occurred, the date and time of the incident and full details. Details of accidents and incidents were discussed during team meetings and any action needed to be taken was reviewed. Records confirmed that these were discussed during team meetings.

# Is the service effective?

## Our findings

People told us they were well supported with personal care and maintaining independence by the staff team. Comments included “The staff are excellent” and “The staff are helpful.” Visitors commented that staff were very good and supported their relatives well.

We spoke with three visiting professionals and they confirmed that the service was good and that staff were caring and always available when they visited. One person said “The home is excellent. Staff seem to genuinely care for people” and another said “Communication between the staff and us is very good.” We saw that people’s healthcare needs were reflected within the care plans. For example one person was unable to stand up or walk when they were admitted to the home. Following a GP assessment and a referral to the physiotherapist, the person can now stand and walk. This had been achieved by regular physiotherapist visits and a treatment list and plan which staff had followed with the person in between visits. Visits by the GPs, district nurses, optician, physiotherapist and chiropodist showed that a range of healthcare needs were being monitored. The GP held a “surgery” at the home on a weekly basis. This helped the home plan for ‘non-urgent’ appointments and the registered manager said it cut down on the amount of times that the GP had to be called out to the home. We spoke with one of the GPs who said that the weekly surgery enabled them to get to know their patients better and that this was a great benefit. They commented that the end of life care at the home was superb.

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 2005. 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 2005, and whether any conditions or

authorisations to deprive a person of their liberty were being met. The manager was aware of the principles of the Act and how to determine people’s capacity. One person had a DoLS authorisation in place. This was clearly documented and information was reflected within the individual’s care plan documentation. Options had been reviewed and discounted as to why the person was best placed within the home. A DoLS audit form was completed for each person which indicated if the person had capacity to make decisions for themselves. Where a person was unable to make their own decisions then options for a less restrictive plan was reviewed before application for DoLS authorisation would be submitted.

People told us they liked the food. Comments included “I like the food here”, “The food is good” and “There are always choices available.” We saw the menus which included choices at all meals with drinks and snacks in between meals. The menus showed a wide range of nutritious foods were offered. We spoke with the chef who was knowledgeable about the likes and dislikes of people who lived at Iddenshall Hall. We discussed the types of meals they provided which included vegetarian, diabetic, pureed and soft diets. They explained that butter, cream and full fat milk was added to meals to increase the nutritional value for people who may be at risk of malnutrition. We saw that temperature checks had been undertaken for fridges, freezers and hot food. Records showed these were up to date. There were good stocks of food in the home. They chef said they enjoyed working at the service and that if equipment was faulty or broken it was replaced or mended promptly.

We saw the meal being served and sampled one of the options which was hot and tasty. We saw meals were well presented and where meals were taken to people’s rooms plates were covered to keep food hot. Trays were laid with cutlery, condiments and serviettes. Tables in the dining room were laid with cloth tablecloths and serviettes, condiments and appropriate cutlery. We saw people were offered a choice of drinks which included orange or blackcurrant juice, water or wine. Following the meal people told us they had enjoyed their meal and comments included “It’s nice to have a glass of wine with my meal”, “The meal was lovely” and “I always enjoy my food.” We spoke with two kitchen assistants who said they enjoyed

## Is the service effective?

working at the home and one of them was starting their NVQ (National Vocational Qualification) in hospitality and was looking forward to this. They said the support they received was good from the chef and management team.

People and relatives said that they thought staff had enough training to support people. One relative said “Staff know how to use the hoists and other equipment.” Staff undertook a range of training which included moving and handling, fire training, food safety, health and safety and infection control. Staff told us that the training was good and there was plenty of training available. One staff member told us that they were due to start the National Vocational Qualification (NVQ) in hospitality, which they wanted to do. The care staff team had either obtained NVQ level 2 or 3 or were working towards these. NVQs are a nationally recognised qualification and showed that people were supported by staff that had good knowledge and training for their role within a care setting.

Staff told us they received regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular meetings. We saw the minutes of

meetings which were held regularly. This meant that staff had the opportunity to discuss their work and the service with the management team. Discussions showed that staff had a good understanding and knowledge about the people in their care and the support required to meet their needs.

We discussed the induction programme with staff members. We were told that they were given an induction workbook which they completed throughout the induction period. The induction consisted of internal training and one person explained that she had been well supported. The training included moving and handling, safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, infection control, food safety, equality and diversity and dementia induction. Staff we spoke with told us they undertook a comprehensive induction which included shadowing a senior staff member. Staff said they received a copy of the employee handbook which detailed information about the service; key policies and contractual information. They also had the services code of conduct which detailed what was expected of the staff. This meant that people were supported by staff who had received induction training appropriate to their role.

# Is the service caring?

## Our findings

People and relatives told us about how they preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff. Comments included “The staff are very nice”, “The staff are kind”, “It’s like a big family here” and “[name] is well cared for here.”

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff showed patience and understanding with the people. For example personal care was always undertaken in the privacy of the person’s own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who lived at the home were treated with dignity and respect and the views of the person and their relatives about the way care and support was provided were listened to.

We spent time in the communal areas observing the interactions between people and staff. We saw that there was a relaxed and friendly atmosphere at the home with good banter between people and staff. There was good staff interaction and staff gave people time to make decisions for themselves.

We saw that interaction between staff and people who lived in the home was friendly and caring and that people

responded well to the staff team. People told us “Staff were kind and caring, very much so. I’m so lucky to be here I wouldn’t want to be anywhere else” and “I love it here.” We saw that when relatives visited the home that staff were welcoming and offered them refreshments on arrival.

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the home, in the form of a service user’s guide. We saw a copy of this located in the reception area. The service user’s guide ensured people were aware of the services and facilities available in the home. Information was also available on the noticeboard about activities at the home.

People and their relatives told us that people’s needs and wishes were respected. There were policies and procedures for staff about autonomy and choice, consent and privacy and dignity. These helped to ensure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff we spoke with were aware of these policies and were able to give us examples of how they maintained people’s dignity and privacy. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

# Is the service responsive?

## Our findings

People and visitors told us they didn't have any concerns or complaints about the home and that they would feel confident in raising issues with the staff or registered manager if they needed to. People said "I know how to make a complaint if I need to" and "I have made a complaint in the past and the staff helped to resolve it. The complaints procedure was included in the "Welcome to Iddenshall Hall" document and contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints were dealt with, and found that three complaints had been raised and that the responses had been thorough and timely. We have not received any concerns about the service since the last inspection. The registered manager said that a flow chart was available to show how formal or informal complaints would be dealt with. They explained that this was a useful tool to determine the action to be taken. We saw a number of cards and letters complimenting the service during the visit. Comments included "[name] is well looked after and cared for by the staff", "Mealtimes and drinks are so good", "Thank you so much to everyone" and "Thanks to all the staff."

We looked at three care plans and other care records for people who lived at the home. The pre- assessment form gave staff the opportunity to gather information about the person prior to admission and this was detailed and covered all areas of care and support required. Also

included was what the persons hopes are and one person had commented "I want to be warm and happy." The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date. Care profile reviews were undertaken regularly and included the person, their representative or family if desired by the person and a senior care assistant. One person said "It's nice here and I cannot grumble" and a relative said "I am grateful for the care given."

We saw that the home had a plan of weekly activities. On the day of our visit we saw the activities coordinator engaging with the people who lived in the home asking people questions from a quiz and people appeared to be enjoying this. A member of staff was chatting with people in another room and another care assistant joined in from time to time. It was obvious the staff knew the people well and there was a good relationship between them. The activities co-ordinator told us that each activity is evaluated to ensure it meets people's needs. For example, when talking individually to people this had been evaluated as aiming to "encourage conversation and socialisation". They said that the aim of the activities was to socialise, have fun and improve concentration.

We saw evidence to show that staff knew the life histories of people who lived at the home. For example, on speaking with staff they obviously knew the backgrounds of the people who lived at the home and staff confirmed that a life history document was completed for each person and staff were encouraged to read these.

# Is the service well-led?

## Our findings

The registered manager has worked for the provider since April 2014 and has been the registered manager since July 2014. People said they knew who the registered manager was and that she was available and very approachable.

Staff said the registered manager was supportive and that the service was well led by her.

People told us their views were sought through care profile reviews, discussions with staff, residents meetings and surveys. The last residents meeting was held in September 2015 and issues discussed included ideas for outings during the next few months, Christmas entertainment, new library trips and a new book club. Other ideas included playing cards, board games or dominoes. We noted that care profile reviews were undertaken on a regular basis and surveys had been undertaken during the autumn. However, information from both Iddenshall Hall and Beeston View (another of the registered provider's homes on the same site) were collated together and this made it difficult to know which service comments were related to. This was discussed with the registered manager and regional director who agreed to look at having separate surveys in the future. Following the inspection the regional director said that they had approached the registered provider's 'regulation team' with regards to the possibility of future surveys being separated out for each service.

The registered manager undertook a range of audits to ensure that the service was safe and that staff were providing good care. A care and quality audit programme had been devised for the year which included concentrating on a different area each month. For example

over the year activities, medication, infection control, health and safety and documentation were covered. Also a quarterly manager's quality assurance tool was used. All audits included actions to be taken, and included a date when the action should be completed. The person completing the action signed to show this had been undertaken. The registered manager explained that they regularly checked the action plans to ensure that work was completed in a timely manner.

The regional director visited the home on a monthly basis, on behalf of the registered provider and produced a report which looked at all areas of the home and included discussions with the people who lived at Iddenshall Hall and the staff team. They also reviewed a range of documents and undertook an inspection of the environment. During discussions they said they were new in post and that they didn't have any concerns regarding the service. Following the inspection they forwarded a copy of their report and we saw that any issues or actions to be taken could be recorded at the end of the report.

The registered provider had a business continuity plan in place which covered the types of incident that would require the plan to be activated and how this might impact on the service provided. A list of people to contact was included and plans for specific disruptions such as heating loss, flood disruption and lift breakdown were included.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.