

Dolphin Homes Limited

The Laurels

Inspection report

1 Lower St Helens Road
Hedge End
Hampshire
SO30 0NA

Tel: 01489799119
Website: www.dolphinhomes.co.uk

Date of inspection visit:
25 August 2022

Date of publication:
01 November 2022

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

About the service

The Laurels is a residential care home providing a regulated activity to up to seven people. The service provides personal care support to adults with learning disabilities and/or autism. At the time of our inspection there were seven people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to make choices using their preferred communication methods and were listened to by staff. People were able to choose what they did when and if they didn't want to do something or changed their minds they were listened to.

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.

Right Care: The registered manager and staff team were passionate about promoting person centred care and we saw this demonstrated throughout the inspection. We observed people being supported by staff who knew them well using a person-centred approach. Staff were relaxed, confident and engaged with people consistently. People's privacy and dignity was fully supported, and the provider's policies and processes supported this.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People were kept safe from avoidable harm and we observed people being supported by staff who knew them well. There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Managers maintained people's safety and investigated incidents. Lessons learned were shared with the whole team and the wider organisation.

There was a culture of positive risk taking within the service led by the registered manager. Staff demonstrated their knowledge and understanding of people's needs and we observed staff spent time confirming with people their choices and that they had fully understood what the person had chosen.

People confirmed there were enough staff to support them and that they were staff who they knew and were

comfortable being supported by. We observed safe staffing levels during the inspection and staff had time to spend with people and people were supported with activities of their choice. People confirmed to us they didn't feel rushed by staff. Staff had the information and time they needed to provide safe and effective care.

At the last inspection we had identified concerns in relation to outstanding maintenance works and medicines. At this inspection we found there was an effective process in place for maintenance management and that the provider had robust medicines management, administration and storage processes in place.

Since the last inspection there had been changes to the environment. People seemed happy with the changes and the changes had been made with the involvement and consideration of the people living at the service.

The provider worked with a variety of health and social care workers. The registered manager had developed close working relationships which supported positive outcomes for people.

People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. People and staff confirmed they felt listened to and were able to make suggestions. Staff told us they felt supported, valued and appreciated.

There were a number of systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken. Staff had access to policies and procedures which encouraged an open and transparent approach.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 October 2021) and there was a breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22, 24 and 25 June 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Laurels

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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Laurels is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 August 2022 and ended on 7 September 2022. We visited the service on 25 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to one person who used the service about their experience of the care provided and 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 spoke with seven members of staff including the registered manager and carers. We reviewed a range of records. This included support planning documentation for three people and multiple medicines records. We looked at three staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. One person confirmed they felt safe living at the service, and we observed people being supported by staff who knew them well.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected. Comments included, "No concerns, if did would talk to my manager. His boss. The managing director, then CQC" and "I would be able to speak up about anything."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us they were confident appropriate action would be taken if they had any concerns. Comments included, "If I have any issues, I'll take it to the manager, and they'll sort it straight away" and "Absolutely [registered manager's name] would respond to any concerns."
- The registered manager used team meetings as additional opportunities to discuss safeguarding, learning and to refresh staff knowledge and understanding about safeguarding.

Assessing risk, safety monitoring and management

- Staff demonstrated their knowledge and understanding of people's needs and how to support them to manage their individual risks. Risks were recorded in people's care planning documentation and we observed staff spent time confirming with people their choices and that they had fully understood what the person had chosen.
- There was a culture of positive risk taking within the service led by the registered manager. People were encouraged to try new experiences and staff supported to embrace positive risk management. The registered manager told us, "We never have the philosophy of its too risky, it is how best can we achieve and support them to do that." For example, one person had been supported to go away from the local area and was supported to access healthcare services when needed. This meant their health needs had not stopped them from going away as the service had proactively risk managed the activity.
- Fire systems, maintenance and services were in place, with checks in relation to health and safety. Equipment was maintained to help ensure people were kept safe.
- Environmental risks were assessed, monitored and reviewed regularly. At the last inspection we had identified concerns in relation to outstanding maintenance works. At this inspection we found maintenance works were completed in a timely manner and there was an effective process in place for the reporting of, and completion of, required maintenance. The registered manager had effective oversight over required maintenance and worked closely with the maintenance team to ensure actions were completed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff demonstrated their understanding of the MCA. One staff member told us, "At the end of the day it is their choice and we are just here to support with their choice." Another staff member told us, "Everyone has choices. We all have days where we fancy something completely different ... Like [person's name], he didn't eat his breakfast which he normally has and so I offered him fried eggs on toast and he ate all of it, so it's not like he wasn't hungry he just didn't want what he usually had."

Staffing and recruitment

- People confirmed there were enough staff to support them and that they were staff who they knew and were comfortable being supported by. We observed safe staffing levels during the inspection and staff had time to spend with people and people were supported with activities of their choice. People confirmed to us they didn't feel rushed by staff.
- Staffing levels were based on the needs of the people living at the service. The registered manager told us, and staff confirmed, that staffing levels were adjusted to meet people's changing needs. For example, to support activities for people.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the last inspection we had identified concerns in relation to expiry dates of prescribed medicines. At this inspection this was no longer a concern; the provider had robust management, administration and storage processes in place. Medicines were clearly annotated with the date of opening and revised expiry dates where necessary and all medicines reviewed were in date.
- People received the correct medicines at the right time. Staff followed systems and processes to safely administer, record and store medicines.
- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- Staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- The service kept people and staff safe. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents. Lessons learned were shared with the whole team and the wider organisation.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection we found the governance and quality assurance systems were not fully effective at monitoring the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager told us, "Governance has been completely revamped from last year; they are more relevant, have actions and the area manager makes sure actions are completed. They are a very useful tool." They were able to evidence these improvements during the inspection. For example, we saw completed action plans with clear identifiable actions, realistic timescales and tracking in place to monitor progress and completion. There were a number of systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken.
- The registered manager told us how they had learnt from the outstanding maintenance concerns identified at the last inspection and implemented an effective process to ensure they had full oversight over maintenance requirements. They had developed close working relationships with the maintenance team and ensured maintenance was completed promptly.
- The registered manager had developed their management team and told us they felt they were an effective management team. The feedback from staff supported this; staff consistently told us they had a strong management team, that they could approach any member of the team and that they had full confidence in them all.
- At the time of inspection, the provider was in the process of transferring from a paper-based system to an electronic system. The registered manager was open about the challenges of this transition and ensuring all records were consistently completed during this transition. However, they had plans to have the electronic system fully embedded within the service within a reasonable timescale and were using the transition as an opportunity to fully review all their records and processes to ensure they remained necessary and relevant.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- The registered manager and staff team were passionate about promoting person centred care and we saw this demonstrated throughout the inspection. We observed people being supported by staff who knew them well using a person-centred approach. Staff were relaxed, confident and engaged with people consistently.
- People were supported to identify personalised goals and skills they wanted to achieve and learn. They were supported to work towards them with detailed guidance, plans and trackers in place to support them to monitor their progress. We saw evidence of goals people had been supported successfully to achieve, and those which they were in the process of working towards. We also saw evidence of how people had been involved in identifying their goals.
- Since the last inspection there had been changes to the environment. People seemed happy with the changes and one person was keen to show the inspector around the service and highlight some of the changes they particularly liked. These changes had been made with the involvement and consideration of the people living at the service. For example, access to the garden had improved for wheelchair users and one person had been supported to have their bedroom redecorated to better meet their sensory needs. The registered manager told us about the positive impact this had for the person and the difference it had made to their well-being.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff comments included, "You get time to get to know people and how they communicate and I've really got to know people", "The care given to people and the way they are treated and spoken to is just so personalised to each person" and "It is more involved with the people we support, they will be in the kitchen, normally have music playing, and we show them the ingredients and they will taste them as we go along cooking."
- We observed the open-door policy in place within the service. People clearly knew the registered manager and the registered manager spent time with people and staff. Throughout the inspection we observed the registered manager promoting good practice and role modelling to staff.
- Staff had the information and time they needed to provide safe and effective care. One staff member told us, "I spend time with them individually and by working with the guys you get to know them and the support plans give you that guided information."
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. The provider had a system to share important updates and guidance to staff.
- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives. The registered manager told us how they had been supporting people to develop closer relationships with their loved ones and local community. For example, suggesting activities people may be interested in locally.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. One staff member described how they supported one person to feedback using their

preferred communication method. Another staff member told us, "I did a meeting on Sunday and we went through different meals and foods and it was lovely to have so many people enjoy cooking so we are thinking of doing other things as well to see how they like them. People have their preferences."

- People and staff confirmed they felt listened to and were able to make suggestions. Comments from staff included, "We make suggestions in team meetings", "They listen. If not such a good idea they explain it and I could see what they were saying" and "They are always up for trying new ideas definitely."
- The registered manager had identified an innovative approach to support people to explore new experiences and tastes and had identified an effective way to record people's feedback. They had plans to use this approach to expand into different areas to enable people to provide wider feedback. They were passionate about supporting people to be able to communicate and were continuously researching and identifying different communication methods for people to try.
- The provider ensured regular communication with people's relatives. The registered manager sent out regular newsletters to families to keep them updated on events concerning the service. For example, new starters, updates and activities.
- People confirmed they were supported to maintain regular contact with their friends and relatives. Staff detailed how they ensured regular contact was supported for people. The registered manager told us how they had been supporting people to develop their relationships with their relatives; people had been supported to invite their relatives on days out and activities when they wanted to.
- The registered manager held regular meetings for people and team meetings for staff. Staff confirmed they found these useful and informative. One staff member told us how the team meetings were held in two parts to enable everyone the opportunity to attend. The registered manager used team meetings to develop and check staff knowledge and to promote good practice.
- Staff told us they felt supported, valued and appreciated. Comments included, "I feel supported; just by like general thanks, appreciated and always thanked at the end of the day. Just little things, like if you are having an off day supported with that", "[Registered manager's name] is the most supportive manager I've ever had", "[Registered manager's name] is amazing and [senior carer's name] as well" and "[Registered manager's name] is just so lovely, you can always get hold of him when you need to, he always gets back to me."

Working in partnership with others

- The provider worked with a variety of health and social care workers. The registered manager had developed close working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required. For example, for sensory assessments, communication assessments or to dieticians.
- The registered manager and staff team supported people to access local amenities and proactively risk managed with other professionals. For example, one person had successfully been fully involved in making a purchase meaningful to them due to this work; they were fully accommodated by the store and supported by the provider.
- People were supported to access healthcare services as they needed. For example, GPs and dentists.