

Delight Essential Services UK Limited

Dolphin Healthcare Services

Inspection report

Sheldon Community Centre
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Website: www.dolphinhealthcare.co.uk

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22 October 2019

23 October 2019

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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 ●

Summary of findings

Overall summary

About the service

Dolphin Healthcare is a domiciliary care agency registered to provide personal care services to people in their own homes, including children. At the time of our inspection they were providing care and support to 23 people, of which eight were receiving the regulated activity of, personal care. The provider offers other services to people such as support with shopping or household tasks that we do not regulate.

The provider had applied in April 2019 to add the regulated activity of TDDI Treatment of disease, disorder or injury to their registration. This had been added however, at the time of the inspection the provider was not carrying out this activity.

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

Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. People were supported to receive their medication as prescribed and staff ensured infection control policies and procedures were followed. Staff understood their responsibilities to safeguard people and demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People's care records were person centred and guided staff on the way they preferred their care and support to be provided. The provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

Staff were well supported, and training ensured staff understood people's care needs. More specific training helped staff to care for people's particular health needs. The provider worked with other healthcare professionals to ensure people's needs were met.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

The service was well managed and led. Staff were clear about their roles and responsibilities. Quality monitoring systems were in place to ensure the service provided a good standard of care.

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

Rating at last inspection.

The last rating for this service was Good (published 05 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was well- Led.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was well- Led.

Details are in our well-Led findings below.

Good ●

Dolphin Healthcare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours' notice of the inspection visit. This was to enable us to make arrangements to speak with people and their relatives and to be sure the registered manager would be in the office to support the inspection.

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 asked the provider to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We carried out some telephone calls to people and their relatives on 22 October and carried out the site visit on 23 October 2019. We spoke with five people and or their relatives, and a health care professional. We visited the office location to see the registered manager and we spoke with three staff and reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including staff training records, policy and procedures and quality assurance records.

After the inspection

We requested some additional information from the provider including medicine management and staff competencies information. We received all the information we requested.

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 this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care records included risks that had been identified and management plans were in place to guide staff. More detail was needed on some records, for example, a risk assessment for a person with a history of epilepsy did not detail the type of seizure and the timescale for seeking medical intervention. However, staff were able to tell us the prompt action they would take to ensure the person's safety. The registered manager told us this information would be added to the risk assessment.
- Staff demonstrated a good understanding of the support people needed to minimise any risks. Staff said they were provided with an accurate picture of any risks. For example, staff knew about people's health conditions and how this may impact their well-being on a day to day basis.
- There were out of hours services provided by the agency to give staff and people guidance when the office was closed.
- Any environmental risks within people's home were assessed and reviewed so staff were supporting people in a safe environment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative told us, "I know [Person's name] feels very safe with the staff. I can't fault the care."
- Staff had received safeguarding training and understood how to recognise the signs of abuse and how to report any concerns onto the registered manager or if needed, external agencies. A staff member told us, "I am very confident if I raised any concerns they would be dealt with appropriately by the registered manager."
- The provider had effective systems to safeguard people from abuse. Where any safeguarding concerns were identified investigations were completed and appropriate plans put in place to protect people from potential harm.

Using medicines safely

- Staff had been trained to give medication safely and confirmed to us their competencies to administer were checked regularly. A staff member told us, "I feel very confident with the medication tasks, everything has been well explained to me."
- There were records about prescribed medicines, what they were for, when and how they should be administered. This ensured people received their medicines as prescribed.

Staffing and recruitment

- Staff were safely recruited. Checks were carried out on staff before they started work in the home to make

sure they were suitable to work with people. This included Disclosure and Barring Service (DBS). This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.

- People's care packages varied from a few hours of care house each week to complex care package arrangements. There were enough staff to support people and the registered manager confirmed to us, to ensure consistency, the same staff supported people.
- People and their relatives told us that new staff members were introduced to them by the registered manager, staff were very good and there had been only very occasional missed or late calls.

Preventing and controlling infection

- Staff had received training in infection prevention and control.
- Staff confirmed to us that protective clothing, including disposable gloves and aprons were available to them and were used when assisting people with personal care.

Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons would be learnt from any incidents. This included sharing information with staff members to further improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. The person and other relevant people were included in the assessment process. This helped to ensure the service would be able to meet a person's needs and expectations. The process included assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- Regular reviews of people's needs took place to ensure the service continued to meet the person's individual requirements. A relative told us, "The registered manager is very good they visit and ring to make sure everything is up to date and we are happy with everything."
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- There was no one being supported by the service who required restrictions on their liberty to receive care.
- Staff were trained on MCA and were able to tell us about the importance of respecting people's capacity to make choices.
- The registered manager told us that the focus of the service was to provide high quality care which promoted people's rights.

Staff support: induction, training, skills and experience

- Staff said they felt well supported by the registered manager and were confident in their role. They told us they received appropriate training including online and face to face learning.
- Established staff had additional training when they supported people with specific needs. For example, staff who attended people with a PEG (Percutaneous Endoscopic Gastrostomy) had training on how to manage this. A PEG is a way of introducing food, fluids and medicines directly into the stomach.

- Staff told us they had completed an induction when they were first employed, and this included shadowing experienced staff. A relative told us, "I feel very comfortable with the staff coming into our home, they know what they are doing and are well trained."
- Staff were supported as they progressed during their employment. Staff confirmed they had supervision to discuss their training and development needs and spot checks were completed to assess their competencies.

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

- Staff supported people with meals and drinks where appropriate.
- Information about the level of support required and people's preferences was recorded in their care plan for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's health care needs were detailed in their care records.
- Staff monitored people's health care needs and liaised with health care professionals when they were concerned about people's health. For example, they contacted GPs with people's consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke about people with kindness and knew people's preferences and interests. They told us how they worked alongside family members when providing care and showed understanding and insight into the importance of carrying out their role in a sensitive manner.
- Where people had a complex package of care they had a team of regular staff. This ensured people were supported by staff who knew them well.
- A relative told us, "Their [staff] beyond good." Another relative told us they were very pleased with the care overall. They told us, "Most staff are very good and use their initiative and some [staff] do just the task as recorded in the care plan."

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

- People and relatives told us they felt staff listened to them. This made sure people had the opportunity to express their views and opinions.
- People's care plans included information about how they would like their care to be carried out.
- Staff told us they involved people in decisions about their care. One staff member told us, "I ask the persons permission before I do anything, and I always explain what I am doing."

Respecting and promoting people's privacy, dignity and independence

- Staff described to us how they respected people's privacy when providing care.
- A staff member told us, "I always ask [Person's name] how they want me to do things and they can tell me. I always explain what I am doing and keep the person fully involved and go at their pace."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager developed people's care plans with the person and other relevant people. Regular reviews of people's care took place and records were updated when people's needs changed.
- Staff understood people's needs. Staff told us, "We are kept fully informed of any changes in people's care needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and told us people were asked in the initial assessment meeting regarding the format that information should be provided in. We saw people's communication needs were included in the assessment and there was a care plan process to guide staff on how to support people's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with knew how to raise a complaint if they needed to.
- We saw records to show that complaints received had been dealt with in line with the provider's procedures.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

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 the last inspection this key question was rated as Good. At this inspection this key question had remained the same. 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

- There was a registered manager in post they were also the registered provider.
- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.
- There were systems in place to audit the service and ensure care was delivered in line with people's assessed needs.
- There was no system for capturing any missed or late calls. We were told by people and relatives this had happened only very occasionally and had been addressed by the registered manager at the time. The registered manager told us they would be implementing an electronic system in the near future to assist with call planning and information about all calls would be captured and monitored.
- The registered manager responded to our feedback points positively, these were areas where records could be improved. For example, staff recruitment records to show what type of DBS had been requested (children & adult) and if a risk assessment had been completed. How to ensure that handwritten medicine records were transcribed accurately by staff and some additional information on a risk assessment. The registered manager took action on these following our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour by promoting a culture of openness and honesty. We saw from records that apologies had been given when things had gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had promoted a positive culture which placed people who used the service at the centre of the care provided.
- People, relatives and staff told us this was a good service that was well organised. A relative told us, "The manager really cares."
- People had regular reviews carried out by the registered manager to ensure the plan of care remained appropriate and any issues dealt with promptly.
- Staff told us the registered manager was approachable and very involved in the day to day running of the

service and knew people's care needs well. A staff member told us, "I really enjoy my job, I like to think we can make a difference for people."

- The provider conducted surveys of people who used the service, and these were positive.

Working in partnership with others; continuous learning and improving care

- The staff team worked with other appropriate services to ensure people received care that met people's needs.
- The registered manager worked with CCG, Local Council and community groups. The registered manager was also a member of the registered managers forum and kept themselves up to date with current practice relevant to their role.
- The registered manager had completed a report following feedback from stakeholder surveys and this showed positive feedback was received about the service.