Dolphin Homes Limited

The Oaks

Inspection report

91 Hulbert Road
Bedhampton
Havant
Hampshire
PO9 3TB

Tel: 02392474476
Website: www.dolphinhomes.co.uk

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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

The inspection took place on the 19 October 2016 and was unannounced.

The Oaks provides care and accommodation for up to eight people. On the day of the inspection eight people were living in the home. The service provides care for people with learning and or a physical disability.

At the time of our inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were able to do things they enjoyed and keep in touch with those people who were important to them. Risks to people's safety were understood by staff and people benefited from receiving care which took into account their safety needs.

Staff understood what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well and there were enough staff to meet people's care and safety needs.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff worked with other organisations and relatives so that people's right to make decisions and their freedom was protected. Some people enjoyed making their own meals and drinks, other people received help from staff to enjoy a range of food and drinks.

Staff assisted people to attend specialist health appointments and followed the advice given by specialist health services so people would receive the care they needed as their health needs changed.

People enjoyed spending time with the registered manager and staff and people were given encouragement and reassurance when they needed it. People's need for independence and privacy was understood and acted upon by staff. People were encouraged by staff to make their own choices about what daily care they wanted.

Where concerns had been raised these were dealt with in a timely manner.

Regular checks were undertaken on the quality of the care provided by the provider and the registered manager.

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.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage them.

Medicines were stored and handled safely.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective

Staff had received training to support them in their role.
People were involved in planning meals and were supported to eat a balanced diet.

People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people. People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

People were supported to maintain contact with family and people who mattered to them.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed.

People were regularly involved in these reviews.

Complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence.

The registered manager provided good leadership and led by example.

There were effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

The Oaks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 October 2016 and was unannounced. One inspector undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

Some people who lived at the home had limited verbal communication, and were therefore unable to tell us about their experiences of living at the home or about the care they received. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team. We spoke with two people who lived at the home.

The registered manager was available throughout the inspection. As well as the registered manager, and the area manager (the manager's line manager), we also spoke with four members of the staff team. We looked at the records of two people who lived in the home and sampled a third. These included, support plans, risk assessments, health records and daily monitoring reports. We also looked at some policies and procedures associated with the running of the service and other records including recruitment, incident reports, quality audits and medicines records.

We asked the registered manager to send us further information regarding training, policies and quality

assurance. We received this.

Good

Is the service safe?

Our findings

People had communication and language difficulties associated with their learning disability. Because of these, we were unable to have full conversations with them about their experience of the home. We relied mainly on our observations of care and our discussions with staff to form our judgements.

From our observations of the interaction between staff and the people living at The Oaks people appeared to feel comfortable with the staff, entering the office to sit and speak with the manager or following a member of staff they liked around the home.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. We saw from the training record that staff had received this training. The provider had safeguarding policies and procedures in place to guide practice.

We saw staff records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff members previous employers and with the Disclosure and Barring Service (DBS). These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services.

The manager and staff we spoke with said they had adequate staff to meet people's current needs. The manager told us that they had a steady staff team and absences were covered by their own staff. In the event of having to use agency staff they requested staff that had been to the home before, so people received care from staff they knew.

Staff were not rushed during our inspection. We observed staff acted quickly to support people when they needed assistance or required company.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. People had documentation in place that helped ensure risks associated with people's care and support was managed appropriately. Risk assessments recorded concerns and noted actions required to address risk whilst maintaining people's independence.

Up to date environmental risk assessments, fire safety records and maintenance certificates, evidenced staff took all possible action to reduce the risk of injury caused by the environment. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People's individual support plans described the medicines they had prescribed and the level of assistance required from staff. Records of when people were given 'as required medicine' were kept; they gave clear reasons for the administration and noted the effect it had on the person's health or presentation so its use could be monitored effectively.

We saw from the records that staff had completed training. Medicine administration records were completed fully and systems were in place to ensure that the member of staff who gave medicines could be identified. Regular checks were in place to ensure that medicines were stored and administered safely.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us that they felt they received appropriate training to enable them to care for people.

Staff comments included, "Training is good and if you ask to have training then they will provide you with it", and, "The training covers everything I need to know". New training in intensive interaction (a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social), had been introduced recently and so far three staff had attended it.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff where necessary, completed the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Following the inspection the registered manager sent us a copy of the training matrix, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required. Training was provided in a variety of methods for example, face to face and by computer. The training included mandatory training such as fire and health and safety and also topics which were specific to people's needs such as communication.

Supervision was provided on a regular basis and staff told us that they had received appraisals. Appraisals provide an opportunity for staff and managers to review performance and ensure that staff have the skills and support to carry out their role. The manager told us that the provider was discussing supervision and appraisals with the registered managers and were rewriting their policy on the timings of support for staff. Staff told us they had team meetings as well as staff meetings.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA).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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care records showed where DoLS applications had been made and evidenced the correct processes had

been followed. The registered manager had a good knowledge of their responsibilities under the legislation and ensured all staff adhered to people's legal status which helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given.

Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to health or well-being had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, people's changing physiology and the need to have new wheelchairs to support them to be independent.

Transfer documents were in place which included information about people's health needs so that if they were admitted to hospital or needed to attend a clinic, information was readily available to ensure that they received appropriate treatment.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced staff had identified a potential risk of them choking on their food. Staff sought advice and liaised with a speech and language therapist (SALT). Staff had been advised to maintain the person's independence with eating, but to help minimise the risk, the person's food was to be softened or cut into small pieces and they were to be observed whilst eating by staff with first aid training. Staff cut the person's lunch up the day we visited which enabled them to eat independently.

Good

Is the service caring?

Our findings

Eight people lived together at The Oaks, many of them had lived together for a number of years. We observed a lot of kind and friendly interactions between people and staff. For example, we saw one member of staff colouring a book with one person and another member of staff having a 'complete the jigsaw first race' with another person. We saw the interaction between staff and those people who had difficulties with their senses such as sight, communication and hearing. Staff spoke with them and carried on a conversation with them taking non-verbal cues from the person.

We also heard staff laughing and joking with people whilst indoor activities took place. Staff commented, "The environment has a brilliant homely feel, they are one big lovely family unit."

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst in the lounge. A staff member promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. We saw within a very short space of time, the person was content and continued to enjoy their day.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their joy of singing and the theatre and the person showed us their room with photos of their trips.

Staff treated people with dignity and respect and supported them to maintain their privacy and independence. They spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support, staff assisted them in a discreet and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms.

Staff informed us of various ways people were supported to maintain their dignity. For example, one member of staff explained how they maintained eye contact with people, whilst providing personal care, and covered people with towels to respect their dignity, and kept curtains and doors closed.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the main office.

We observed that people had the choice to stay in their room or use the communal areas if they wanted to and those who were independently mobile moved freely around the home. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported.

Care records contained comprehensive information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records gave clear guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs. People received personalised care, which was responsive to their specific needs. For example, one person used Makaton (a form of sign language) to tell staff how they were feeling and to help them plan their day. Staff were patient with people in understanding their needs.

People and their families where appropriate, were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas amongst each other about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible, involve people or those who matter to them, with the decision, and consult with health and social care professionals.

Systems were in place to ensure information about people's needs and support arrangements were regularly reviewed and updated. Handover meetings took place at the end of each shift so important information could be communicated and documented; and support plans were reviewed at least every six months or more frequently if required.

People were supported to maintain relationships with those who mattered to them. The registered manager and staff understood the importance of people maintaining close contact with their loved ones. We saw from care plans how often people went home to their families.

People were encouraged and supported to maintain links with the community to protect them from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised, meaningful activities that reflected their hobbies and interests.

Staff confirmed people led active social lives, but added this was based around the person's health on any given day. A member of staff said, "Sometimes we arrange days out and when the day comes round, people may not feel able to go. We are always very flexible, so we would do an activity that doesn't involve going out, and rearrange the original planned activity for another day."

The manager and staff checked regularly to help ensure people were happy with the care being provided,

through daily conversations and yearly surveys.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. The registered manager showed us there had been two concerns raised. These had been recorded and included the action that was taken.

Good

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at The Oaks. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The registered manager told us staff were encouraged and challenged to find ways to enhance the quality of the service they provided. Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability.

Staff told us that they felt supported in their role and would feel comfortable raising issues with the registered manager and the provider. Staff had access to an on call manager for advice and support on a 24 hour basis. Staff meetings were held regularly.

The provider sought feedback from relatives in order to enhance their service. Surveys were conducted to encourage people to suggest ways in which the service could develop.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately

Staff told us they enjoyed their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included, "I love my job, I just love what I do and being with the guys. I really enjoy it", and, "I've been here a long time and I still love it, I enjoy coming to work".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.

The manager carried out these checks on a monthly basis and sent the report to their line manager. The line manager would carry out an audit every second or third month. Health and safety checks were carried out monthly by a member of staff. Any issues regarding the building were added to the maintenance file and audit and signed off when completed.

We found that the provider completed regular checks of the service provision. The manager told us that their line manager was supportive and knew people who lived in the home well.

The home worked in partnership with key organisations to support care provision. Health care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.