

Dolphin Homes Limited

Fairlea

Inspection report

46 Fairlea Road
Emsworth
Hampshire
PO10 7SX

Tel: 01243376916

Website: www.dolphinhomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 November 2017 and was unannounced.

At the last inspection we found a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. The lack of management and auditing of the service meant that records were not always complete to reflect the service delivery and people's needs.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key line of enquiry (KLOE) "Are people's records accurate, complete, legible, up to date, securely stored and available to relevant staff so that they support people to stay safe", to at least good."

We found they had met this requirement although records were not all easily found.

Fairlea is a residential care home accommodating up to two adults with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates two people in one adapted building. There were two people living at the home at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. "People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

There was no registered manager in post. 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.

There was a manager who also manages another service for the provider in the immediate area. They were intending to register but have yet to submit an application to be registered.

The provider had not always acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. The provider had not carried out mental capacity assessments for people using the service. The provider had not acted within the Mental Capacity Act as they had not applied for a DoLS for people who were as a result being restricted outside of the requirements of the Act.

Quality assurance systems were not always effective and had not identified issues found in relation to the mental capacity assessments, Deprivation of Liberty safeguards, medicines and accessibility of care plans.

There was a complaints procedure but complaints were not always logged.

Medicines were not always managed safely as accurate records were not always kept regarding stock. Emergency systems had been put in place to keep people safe.

Care plans were not always readily available for staff to read, to ensure they were offering the relevant support.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect.

People were supported to maintain relationships with family and friends.

People received person centred care and support. People were encouraged to participate in employment and leisure activities. Transitions for people moving from the service were well planned.

Quality assurance systems were not always effective and had not identified issues found in relation to the mental capacity assessments, Deprivation of Liberty safeguards, medicines and accessibility of care plans.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were safe from harm because the staff and manager were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines records were not always accurate.

There were policies and procedures in place to manage safeguarding, staff concerns and accidents and incidents. However we found that accidents and incidents were not overseen by the manager.

Systems had been put in place to keep people, visitors and staff safe in the building and when using equipment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs and choices had been assessed and were being delivered in line with guidance.

The service was not compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

The environment met the needs of people living there.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good ●

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received person centred care and support. One person's recent move into the service had been well planned and planned around their individual needs.

People were encouraged to make their views known about their needs.

End of life care had not been discussed due to the age of people living at the service.

There was a complaints procedure but complaints were not always logged.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in place.

Quality assurance systems were not always effective or frequent and had not identified issues found in relation to mental capacity assessments, Deprivation of Liberty Safeguards (DoLS), medicines and accessibility of care plans.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service. However, we had not been informed of two events at the home.

Relatives and staff found the management team approachable.

The service worked with other agencies when assisting someone to move to the service and in the support of their continuing

care.

Fairlea

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 7 November 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person living at the home.

We spoke with the manager, deputy manager and one member of staff. We looked at the care records for one person. We also looked at a range of records relating to the management of the service such as accidents, complaints and quality audits. Not all the information requested was sent to us.

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 and relatives to form our judgements. From our observations of the interaction between staff and the people living at the home, people appeared to feel comfortable with the staff.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Temperatures were recorded daily to ensure medicines were stored at the correct temperature. Regular checks were in place to ensure that medicines were stored and administered safely. However, we noted that audits of medicines which were in liquid form just stated the amount of bottles available and there was no record on the medicine administration records (MAR) of how much had been given and no running total.

Staff received medicines training and were observed as competent before administering medicines unsupervised. Records confirmed this. All medicine records had been completed and were signed by staff when people had taken their medicines. This was in line with the provider's medicines policy.

We were concerned the manager had not had oversight of incidents and accidents and no analysis took place to see if there were any patterns occurring and to minimise the risks of the incident occurring again. This placed people and staff at risk of reoccurrence of an issue because no action had been taken.

People were protected from avoidable harm. Staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place. Examples of staff comments were; "There is physical, mental, emotional and financial abuse." "It's about people's choices and rights." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw. No safeguarding alerts or concerns had been raised since the last inspection.

We observed staff acted quickly to support people when they needed assistance. 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 were managed appropriately. Risk assessments recorded concerns and noted actions required to address risk whilst maintaining people's independence. For example, we saw risk assessments relating to; eating, going-out and road safety amongst others. Each risk assessment focused on maximising the person's independence while safely managing any risks. For example, accessing food independently in the kitchen and eating too much in one go, staff had ensured that choice and access were available but had also made smaller portions available.

For the other person, their records were still in paper format and not on the electronic system used by the provider and could not be found easily, with some parts being on a noticeboard and others in different parts of the office. Staff told us they did not have time to ensure records were stored together. This meant that new and or temporary staff would have difficulties in accessing the information in order to offer support and care.

There had not been any new staff recruited to the home since our last inspection. Records and staff confirmed they had had an induction to the service. Staff told us they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Staff expressed concern about staffing arrangements at the home and the effect this could have on the care and support of people at the home. We found that people using the service had formed attachments to some staff which helped meet their needs. We were told two staff were leaving who knew people well and this could impact on the wellbeing and support of people at the home, as they did not always work well with new staff. This was discussed with the manager at the inspection.

We saw that staff used personal protective equipment (PPE) when assisting people with care which assisted with the prevention and control of infection. Staff had received training in infection control.

Staff had undertaken training in food hygiene and we saw equipment in the kitchen which assisted with this.

Is the service effective?

Our findings

People's needs and choices had been assessed and were being delivered in line with guidance. For example care plans showed that needs had been assessed and staffing and the environment had been adapted to meet those needs.

However, people's human rights were not always protected and the requirements of the Mental Capacity Act were not always followed. 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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People's freedom had been restricted to keep them safe. However, for one person they were being restricted in the home without a mental capacity assessment having been completed and no DoLS application had been made. We saw from information prior to them moving to Fairlea that a DoLS had been in place. We questioned this with staff and the manager at the time of the inspection. We were copied into emails regarding this and we received communication from the local authority who stated that there should be a DoLS application made as the person was in receipt of 24 hour support and was unable to leave the home alone.

Whilst the manager and staff had an understanding of the Mental Capacity Act including the nature and types of consent and understood people's right to take risks and the necessity to act in people's best interests when required, they had not met the requirements of the Act.

The lack of appropriate assessments and deprivation of liberty safeguards meant that people were being deprived of their liberty without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. 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 staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support

People were protected from the risk of poor nutrition and dehydration by staff who monitored and reviewed people's needs. People were supported to have a good choice of food for a healthy, balanced diet. Staff told

us they encouraged healthy living however people were able to choose what they wanted to eat. People sometimes accessed the food in the kitchen themselves at other times they needed support. Risk assessments were in place regarding cupboards, food and utensils in the kitchen as some people expressed behaviours where items in the kitchen could be used to hurt themselves or others.

Handover meetings took place when there was a changeover in staff so important information about people could be communicated and documented.

At the time of writing the report we had not received the policies we requested from the service. We were able to look at the policies for the service from information received from another of the provider's homes. We could not be assured this was the most up to date. The policy regarding staff supervision stated "Subject to regulatory requirements all staff will receive formal supervision twice a year the duration of which will be a least 60 minutes." From information received from the home we could see that staff had had a single supervision between January 2017 and the date of the inspection 7 November 2017.

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 really enjoy it" and "I've been here a long time and I enjoy coming to work".

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such as a dietician, psychiatrist, dentist and optician. People were supported to attend annual health checks with their GP. Staff worked with others for example; speech and language therapist, to ensure that people had their needs met.

The building had been adapted to meet people's needs, for example hand rails to assist people to move around the home; and the assessment process ensured that people were placed correctly in the right environment.

Is the service caring?

Our findings

Staff had developed positive and caring relationships with people. We saw staff using humour and appropriate language when engaging with people. Staff were anticipatory and attentive of people's needs knowing when they had become anxious and needed extra support or distraction. Throughout the day staff were heard asking people if they were alright, if they wanted a drink or to do something.

People were asked daily about their daily activity choices and weekly about the meals they would like.

We could see from the daily records that people's choices were being respected. Staff ensured that people's dignity was respected at all times. This included when they were having a bath. Staff would be available outside on the landing, they would talk to the person assuring them they were there.

People's bedrooms were individually decorated and contained pictures and photographs of items that people were interested in and had chosen themselves. We saw the rooms were kept where possible in a manner that met the needs of people. For example, some people could not have certain items in their rooms as a result of their individual needs.

People were well dressed and their appearance was maintained where possible by staff. Any choices in clothes or amount of clothes worn by people were supported by staff. Staff supported people to manage their behaviours and needs to protect theirs and others dignity. We saw that any support needs and behaviours were recorded in care plans with instructions on how staff were to respond. Our observations of staff interaction matched the records we had seen.

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. Staff 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.

People's care plans had information about the support people needed around making decisions and this was followed by, and strengthened by staff. The plans were developed by observation and interaction with people where they could not directly contribute. Family and carers were also involved in giving information.

People's individuality was respected and encouraged.

Is the service responsive?

Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided the staff and manager with information from people's care and health needs as well as their life choices and goals.

We saw how careful planning had taken place to support one person moving into the home. The move was planned over several weeks because it was known that they had had difficulty adjusting to moves and often displayed behaviours that proved difficult for them to manage. Staff explained there had been some issues settling in and the person had returned home and the transition started again. The family were happy with how the transition was managed.

The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required.

Care plans provided staff with information about people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. Staff supported people to reduce and manage their behaviours which challenged. People's care was reviewed as required. Relatives, health or social care professionals were also involved to ensure that the person's choices and support were met in relation to all aspects of their life.

The home operated a keyworker system. A keyworker is a member of staff who is the main contact between the person and their relative/next of kin. This meant the service was able to be more responsive to people's families where there were concerns or questions, and to ensure people had items they needed for their wellbeing.

People could participate in activities outside of the home, and there were cars available for staff to take people out. This happened mostly when they wished or it had been planned. The vehicles were different and met people's differing needs; one belonged to an individual and was a bigger vehicle to accommodate their mobility aids.

The home had a complaints policy in place which detailed how a complaint should be responded to. Staff had a clear understanding of the complaints procedure and understood they had a duty of care to report any complaints to the manager so they could put things right. However, there had been a complaint and this had not been recorded in the complaints log. We were sent details of the complaint and action taken to improve the quality of care after the inspection.

End of life care had not been discussed due to the age of people living at the service.

Is the service well-led?

Our findings

At the time of our inspection there was no manager registered with CQC. The service was being managed by a new manager who had started work at the service in July 2017. The service had a condition on its registration that the provider should have a registered manager in place; however, the home's manager only oversaw the home on a general basis. The daily management of the home was left to the deputy and senior care staff.

At our inspection in April 2016 we found the provider had not ensured there were accurate records of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by the end of August 2016. However, care records were not easily accessible for one person as they were in various places in the home. This meant that it would have been difficult for new or temporary staff to have oversight into the support the person needed.

Systems were in place to check on the standards within the service which were to be carried out by the manager. However, they were not always effective or frequent and had not identified issues found in relation to mental capacity assessments, Deprivation of Liberty Safeguards (DoLS), medicines and accessibility of care plans. Systems had not been implemented to ensure accidents and incidents were followed up to ensure appropriate action had been taken. For example, we saw records where people's behaviours had placed themselves and staff at risk. We saw the action that had been taken which included one person being supported on the floor until they had calmed down. We were concerned the staff could not tell us how the person had moved from standing to the floor.

The lack of accurate records and monitoring of accidents and incidents at the home to monitor, assess and make improvements to ensure safety was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider also carried out monthly audits from which an action plan was produced. Since our last inspection in April 2016, only three of these monitoring visits had taken place, due to vacancies in the area manager's role, (the area manager carried out these monthly audits). We saw that action plans had been made where issues had been identified at the visits and action had been taken by the staff to remedy the concerns. These visits helped the service learn and improve.

We could not see how the manager and staff contributed to the development of the service. For example an area manager visit and audit on the 24th October 2017 had identified that an urgent DoLS authorisation form had not been completed. They had informed the manager at the time however, this had not been actioned at the time of our inspection.

The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. However, we had not received notification for two events which we were told had occurred at the home in September 2017.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff told us communication was good and they felt supported in their role and felt comfortable raising issues with the 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 to provide an opportunity for open communication.

Care and support was offered in a way that empowered people. People were supported to be individuals and they could take time to be by themselves or be with others.

At the inspection care records were kept in two electronically and in on paper. The electronic system has been introduced across all the provider's services and also has a dally log to be completed for each person. These were available for use for staff and they each had an individual log in. The records for one person were still on paper and had not been added to the system. We were told staff had not had time.

The service worked with other agencies such as social services and learning disability specialist's particularly when assisting someone to move to the service and in the support of their continuing care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. However we had not received notifications for two events which we were told had occurred at the home, in September 2017.</p> <p>This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The lack of appropriate assessments and deprivation of liberty safeguards meant that people were being deprived of their liberty without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of accurate records and monitoring of accidents and incidents at the home to monitor, assess and make improvements to ensure safety was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

