Dolphin Care (IOW) Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We told the provider three days before our visit that we would be coming because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Dolphin Care provides care, including personal care, to 20 older people living in their own homes. It has been providing care for over 15 years. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff received appropriate training which was up to date in most subjects. However, training in food hygiene was

Summary of findings

not up to date. We were told one-to-one sessions of supervision were held with staff so they could talk about their work and any additional support or training they needed, but not all these sessions were recorded.

People told us their needs were met "very well". They spoke highly of the service and said they were "very satisfied" with the care provided. One person described the service as "top notch". Care plans provided staff with detailed information about how to meet people's needs and people were involved in regular reviews of their care. Care plans also included risk assessments which specified action required to manage risks, such as the risk of people falling or developing infections.

When we visited people in their homes, we saw staff interacted positively with them. People and their relatives were complimentary about the kindness and friendliness of staff. Three described a lot of "banter" and "joking" which they enjoyed. One person said the staff were "very, very nice people; very polite and respectful".

People said they felt safe with staff and appropriate policies and procedures were in place to safeguard vulnerable adults from abuse. The service followed safe recruitment practices and there were sufficient staff on duty each day to perform all the scheduled care visits to deliver care and support.

Annual surveys were conducted to gain people's views. The latest survey showed people were satisfied with the service. One respondent said, "They do everything required and if there are any changes they listen and act accordingly."

The service was flexible and people were able to change the times of care visits if they needed to. People told us staff were "reasonably punctual" and care visits were not "rushed". Staff told us they were given sufficient travelling times between care visits, so did not feel pressured to leave early.

The manager told us they monitored the quality of the service by checking care plans, records of daily care and other records. Where concerns were identified, action was taken. The deputy manager conducted announced and unannounced spot checks to monitor whether staff were punctual and delivering safe and appropriate care.

Staff told us they enjoyed working for the service, took pride in their work and felt trusted. They spoke positively of the manager and deputy manager. There were plans in place to ensure the long-term continuity of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

People told us they felt safe. Staff had received safeguarding training and were clear about how to identify and report abuse. Care plans included risk assessments and equipment was used appropriately to minimise identified risks.

There were sufficient staff on duty each day to perform all the scheduled care visits. Where two staff members were needed to support people to mobilise safely, they were always arranged.

The service followed safe recruitment practices and the manager told us about action they had taken in respect of staff who were unsuitable to work with vulnerable people.

People were involved in making decisions about their care and support. Staff had an understanding of the Mental Capacity Act, 2005 and were clear about how they gained consent before delivering any care and support.

Is the service effective?

Good

The service was effective but some improvements were needed.

Staff were trained in relevant subjects, such as dementia, stoma care and diabetes management. However, food hygiene training was not up to date, so staff may not have been handling and preparing food safely.

Staff received appraisals and one-to-one sessions of supervision, although not all supervisions were recorded.

People told us their needs were met and they were satisfied with the service. Staff supported people appropriately to eat and drink and monitored how much they had consumed.

Is the service caring?

Good

The service was caring. Staff interacted positively with people and clearly knew them well. People told us they were treated in a kind and friendly way.

Staff were clear about the need to respect people's dignity when delivering personal care and people told us this was maintained at all times.

People said their care visits did not feel rushed. Staff were given sufficient travelling time between care visits and told us this gave them the time to make sure people were comfortable before they left.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear instructions to staff about how each person wished to be cared for.

People told us the service was flexible and they were able to change the times of care visits if they needed to. People knew how to complain and said they would speak with the manager or deputy manager if they had any concerns.

Is the service well-led?

Good

The service was well-led.

Summary of findings

The provider did not send us information we had requested before the inspection about how they monitored the quality of the service and managed risks.

Feedback from people, relatives and staff showed the service had a positive, open culture.

The manager monitored the service by checking records and having daily contact with people and staff. Where this had identified concerns, appropriate action had been taken. Spot checks were conducted by the deputy manager to monitor staff performance.

Plans were in place to provide for the long-term management of Dolphin Care, to ensure the service would continue to operate in the future.

Dolphin Care (IOW) Limited

Detailed findings

Background to this inspection

We looked at care plans and associated records for six people and viewed records about staffing and how the service was managed. We spoke with three members of staff. We visited and spoke with two people and one family member in their homes, and spoke with seven people and nine family members by telephone. We also spoke with the registered manager.

The inspection team consisted of an inspector and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience gathered information from people who used the service by speaking with them on the telephone.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also asked the provider to send us details of people using the service so we could send them questionnaires to ask them for their views of the service. The provider did not send us this information. We reviewed other information we had about the provider, such as notifications we had been sent about incidents that had occurred.

At our last inspection on 25 October 2013 we identified that records kept in people's homes were not up to date. We set a compliance action and the provider wrote to us telling us what action they would take to meet the regulations. At this inspection we found the provider had made improvements and was meeting the requirements of the regulations.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe with staff because they knew them all well. One person, who used equipment to transfer between their bed and their chair said, “They’re always very careful with me, which makes me feel very safe”. Appropriate policies and procedures were in place in relation to safeguarding vulnerable adults from abuse. Staff had received safeguarding training and were clear about how to identify and report abuse. We saw an example of where a member of staff had identified concerns and reported them to the manager, who had made a referral to the local safeguarding authority in accordance with local procedures. In another case, a person was identified as at risk of neglecting themselves, we found the social services crisis team had been contacted to support the person and keep them safe.

People’s risks were well managed. For example, care plans included risk assessments; these were fully completed, relevant to the person and specified action required to manage risks. They included the risk of people falling or developing injuries by sitting or lying in the same position for too long. Equipment, such as pressure relieving mattresses and moving aids were used appropriately and in accordance with people’s risk assessments. Additional information in care plans included directions to staff to make sure, before they left people, they were wearing alarm pendants to call for help if they felt unwell or fell. Risk assessments were updated on a monthly basis and changes made where required, such as when people’s mobility changed.

The staff rota for the week of our inspection showed there were sufficient staff on duty each day to perform all the scheduled care visits. Individual staff members were allocated to each visit, and the times of each visit were clearly shown. Where two staff members were needed to support people to mobilise safely, these were arranged and shown on the rota, together with their phone numbers, so they could coordinate visit times. Arrangements were in place in the event that a member of staff was delayed, for example due to an emergency, to let the person know and make sure another staff member attended to the person as soon as possible. People told us this did not happen often.

The manager told us cover for sickness or holidays was provided by using bank staff members, who could be called in when needed, and by other staff working additional hours. They said this was possible because most staff were not full-time, so were able to work more hours if needed. These arrangements were effective and all scheduled visits were made as planned.

The service followed safe recruitment practices. These included the use of application forms, an interview, reference checks and criminal record checks. We looked at the staff files for two new staff members and confirmed the procedures had been followed.

Records showed staff had recently received training in the Mental Capacity Act, 2005 (MCA). MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had an understanding of how this should be applied in practice. They told us all the people they visited were capable of making their own decisions about their care and treatment and that they supported them to communicate this, where needed. This was confirmed by records we viewed.

Good

Is the service effective?

Our findings

We looked at the induction and training programme for staff and saw this was comprehensive and gave staff the knowledge and skills needed to carry out their roles. Records showed training was provided in relevant subjects, such as dementia, end of life care, stoma care and diabetes management. Training was refreshed regularly, in accordance with the provider's training policy.

Staff told us that they felt supported in their role. They said they received regular sessions of supervision to talk about their work and any additional support or training they needed. Duty records showed the deputy manager worked with each member of staff at least once a week. They said they used these opportunities to ensure they were providing safe and effective care. However, not all sessions of supervisions were recorded, so there was no method to review previous conversations and ensure training and areas for development were monitored effectively.

Staff records showed most staff had received an appraisal during the past year. One that was overdue was planned to be completed shortly after our inspection. We saw appraisals had been used as an opportunity to discuss staff development. For example, a senior member of staff told us they were being supported to develop their delegation skills. Another staff member told us they felt "fulfilled" having been asked to provide care to a person with complex needs. Staff had also been supported to obtain vocational qualifications in care or were working towards these.

People told us their needs were met "very well". They spoke highly of the service and said they were "very satisfied" with the care provided. One person told us, "They go above and beyond the call of duty." Another person said, "They do things exactly the way I want." A third person described the service as "top notch". Most people had used the service for between two and four years. One had used the service for 15 years. All told us they would have moved to a different service if they had had any concerns. This showed they were satisfied with the service.

Where the service was responsible for helping people to eat and drink, people told us staff supported them appropriately. The amount of help given varied from person to person. Some people received ready-meals which staff heated in the microwave; other people preferred staff to make meals freshly for them. We saw staff monitored and recorded what people had eaten and drunk. One person told us they were no longer able to stand in the kitchen, so staff brought a tray of ingredients to them in their chair, where they were helped to make simple meals. They added "They [the staff] also get my tea ready for me and top up my flask with hot water so I can make a cup of tea later."

Care records provided examples of when staff had identified changes to a person's health and had made referrals to specialists, such as community nurses or doctors. For example, one person, who had stopped taking their medicines, was referred to their GP for review. Another person, who had had problems with their feet, told us "they [Dolphin Care] got me whisked off to hospital". In other cases we saw staff had monitored people's condition, for example after a bout of sickness, to assess whether referral was needed. Where appropriate, forms were used to monitor and identify any changes.

Staff told us they worked well with community nurses and we saw arrangements had been made for them to make joint care visits to people where this was appropriate and helped deliver care more effectively.

Good

Is the service caring?

Our findings

When we visited people in their homes, we saw staff interacted positively with them and it was clear staff knew the people they were caring for well. People and their relatives were complimentary about the level of care and kindness shown by staff. One person told us "I think it's a lovely service, I'm very happy. I call it my giggle therapy. They're like friends. Dolphin Care certainly gets my vote." Another person said, "[The manager] is very caring and the others are too. I know I can rely on them." A third person described staff as "very, very nice people; very polite and respectful".

Three people told us there was a lot of "banter" and "joking" which they enjoyed. Comments included; "I couldn't fault them, they look after me like I am their own Grandmother." "They are like friends, good as gold." and "Lovely attitude." One person told us care visits by staff were "not just practical", but also provided a "social element" which they would not get otherwise.

Records of care delivered were kept on a daily basis. We viewed a sample of these and found they were dated, timed and signed by each member of staff each time they visited the person, which helped ensure they were accurate. However, we noted that care being delivered to a husband and wife, who lived together, was recorded in one joint record book, rather than in individual record books. This could have compromised each other's privacy and confidentiality. We discussed this with the manager, who took immediate action by putting separate record books in place for each person.

Staff were clear about the need to respect people's dignity when delivering personal care. They told us they did this by closing doors and curtains and explaining to people what they were doing. People confirmed this was done and said their dignity was maintained at all times.

People told us they did not feel "rushed". Staff said they were given 15 minutes travelling times between care visits and there was also a 15 minute leeway with the visit times, which had been agreed with all but one person. Because of this, staff told us they did not feel pressured and had time to make sure people were comfortable before they left. One staff member said, "We always try to leave them happy, that's what we're there for." Another told us "We always try and give a bit more than we need to, like spending more time with people. We can do this as we get 15 minutes between calls, so can use that if it's not far to the next call."

The service supported people to make decisions about their care and actively sought their views. People told us the manager or deputy manager visited them when the service started and introduced them to the care staff. This allowed them to discuss the person's needs and involve the person in developing their care plan to make sure it was suitable. Some people told us they often received a letter from the manager with their invoices, seeking comments and feedback about the service. They said the deputy manager also checked they were happy with the care they were receiving whenever they visited, which was "often".

Good

Is the service responsive?

Our findings

People told us the service was flexible and they were able to change the times of care visits if they needed to, for example to accommodate hospital appointments or church services. We saw numerous notes on the duty sheets where people made such requests and staff had changed their working hours to meet people's requests. One person told us the service had responded quickly to set up a package of care for them when they had been discharged from hospital at short notice. A family member praised the service for responding "very quickly" when they had had a fall and were not able to help care for their relative. They said "The visits were increased and every support was provided."

The manager told us they were proud of the fact that the service had only ever had one "missed call" and that "late calls" were very rare. People confirmed this, saying staff were "reasonably punctual". One person said, "I know that if no one has come by a certain time [the deputy manager] would be along shortly." A family member told us they insisted on staff arriving to support their relative "punctually" at a particular time and this was "always met". The manager told us they always employed people who lived locally who could visit people on foot, if needed, for example when the weather was bad. They also told us staff had access to four 4x4 vehicles they could use when it snowed, so could get to people in remote rural areas more easily.

Care was provided in a personalised way. Care plans gave clear instructions to staff about how each person wished to be cared for. They specified whether one or two staff were needed to support the person and what level of support was needed with each aspect of their care, including eating, drinking, medicines and personal care. Where the person needed a high level of support, this was detailed and included people's daily routines and the order in which they preferred to do things, such as getting dressed and washing. Care plans had been developed from a range of sources, including an assessment by the manager or a senior member of staff by visiting the person, discussing their needs and consulting with family members where appropriate. Daily care records confirmed that care and support were delivered in accordance with people's care plans.

Care plans were reviewed regularly by the deputy manager. Any changes were agreed with the person and the review records were signed, where the person were able to. They included people's comments and views about the care they were receiving. This showed people were continually involved in making decisions about their care and support.

Contracts were signed before a person started receiving care and it was clear, from the way care plans were written, that they had been developed with the involvement and agreement of the person concerned. Staff were clear about how they gained consent before delivering any care and support. For example, a member of staff told us about a person who could not give verbal consent, so they looked at their body language. They said, "If they look at you and smile, you know it's OK to continue." People we were able to speak with confirmed that consent was always obtained.

The service had recently employed their first male care worker. The manager told us, and people confirmed, that before he made any care visits, each person was asked whether they were happy to receive care and support from a man. We found people's wishes were respected and the male care worker only visited those people who had agreed to this.

People were given information about how to make complaints in a "client information pack". The pack also included information about who people could contact if they were not satisfied with the outcome of a complaint. People told us they knew how to complain and that if they had any concerns they would speak with the manager or deputy manager. We looked at a record of complaints received and saw these were dealt with appropriately. For example, we saw a person had requested a change of care staff for personal reasons. The manager had arranged for new staff members to be introduced over a two week period. This had been agreed with the person as the best way to make sure new staff would know how to care for them. Duty rotas confirmed the changes had been made.

Good

Is the service well-led?

Our findings

We wrote to the provider before the inspection and asked them to send us information about what the service did well, what improvements they planned to make, how they monitored the quality of the service and how they managed risks. We sent them a form, called a Provider Information Return (PIR), for them to put the information on. We also asked the provider to send us details of people using the service, so we could send them questionnaires to ask them for their views of the service. The provider did not send us any of the information we asked for. They said they "didn't really understand" the form but did not call us for advice. This meant we were unable to use the information when planning our inspection to ensure we addressed any areas of concern.

Feedback from people, relatives and staff showed the service had an open culture. People were on first name terms with the manager, who had regular contact with people and staff. This was confirmed by the many phone calls heard during our inspection from people calling the manager to ask for information. People also had the deputy manager's mobile phone number, who they said they could contact if the manager was not available.

Surveys of people were conducted annually by the provider to monitor the quality of the service provided. We looked at a sample of questionnaires that had been completed by people during the last survey, in November 2013. The responses showed people were satisfied with the service. One person had added a comment to their questionnaire saying, "They do everything required and if there are any changes they listen and act accordingly." The manager had analysed the results and told us about action they were taking to address two minor concerns that had been raised about visit times.

Staff told us they enjoyed working for the service and took pride in their work; many had worked for the service for a long time. They said they felt the service was well-led and spoke positively of the manager and deputy manager. One staff member told us "Things are much better organised now. [The manager] and [deputy manager] make a good team. Staff told us they were able to contact the manager or the deputy manager at any time if they needed advice or support and had their phone numbers programmed into their mobile phones.

One staff member said, "I love working for [the manager], I get all the support I need." Another told us that to cover people on holiday they had "just done a 60 hour week for [the manager]. I wouldn't do that for anyone else; they're smashing to work for. I feel very trusted." The manager told us they valued the loyalty of staff and said, "If you've got good staff, you've got to hang on to them. Most have been with me for eight or nine years."

Staff meetings also gave staff an opportunity to raise concerns and make suggestions for improvement. For example, we saw travelling time between care visits had been discussed recently and changes made. These gave staff more flexibility and helped them managed people's expectations. Staff told us their views were always listened to and acted on.

The manager told us they monitored the quality of the service through regular contact they had with people and staff, and by checking care plans, records of daily care and medicine administration records when they were returned to the office. They also attended some care visits with staff. They told us their quality assurance methods were effective in helping them to identify any concerns. For example, by auditing daily record books, they had found that a member of staff was not working appropriately. They described the steps they had taken to address the issue, which included increased monitoring and training for the staff member concerned.

The deputy manager told us about regular spot checks they completed to monitor whether staff were punctual and were delivering safe and appropriate care in line with people's care plans. We saw "announced" spot checks were shown on the duty rota and staff told us they also received "unannounced" spot checks "quite often". The deputy manager gave us examples of minor concerns they had identified during the spot checks and action they had taken to address them. This showed the provider monitored the quality of care provided by staff.

We looked at a file of accidents and incidents and saw none had been recorded recently. However, procedures were in place to record such events using forms to make sure all relevant information was recorded. Any lessons learnt were discussed during staff meetings to reduce the likelihood of them occurring again. Minutes of staff

Good

Is the service well-led?

meetings confirmed this was done. For example, we saw a concern about staff wearing nail varnish had been discussed in one meeting following a recorded incident; we saw the staff we met were not wearing nail varnish.

The service had a clear set of policies and procedures in place which set out how the service would operate in a safe, effective and caring way. Staff were given a handbook outlining key aspects of the policies and how they were expected to conduct themselves when delivering care and support. An appropriate whistle blowing policy was also in place and staff told us they knew how to use it.

There were plans in place for the future development of the service. The deputy manager was being trained and supported to perform the manager's role; and a senior member of staff was being trained and supported to perform the deputy manager's role. The plans were designed to provide for the long-term management of Dolphin Care, to ensure the service would continue to operate in the future.