

Lancashire County Council

Dolphinlee House Home for Older People

Inspection report

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05 March 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Dolphinlee House accommodates up to forty-four people with residential care needs and is separated into four units. Care and support is provided to people who may be living with dementia and require residential support or reablement support. At the time of the inspection 42 people were living at the home.

People's experience of using this service:

Risk assessments were not always documented within people's care records and care records were not always an accurate reflection of people's needs.

People told us they sometimes had to wait for help from staff and staff told us there were times they were busy. We have made a recommendation regarding this.

Medicines were managed safely. People received their medicines when they needed them.

People were asked to consent to their care. The assistant manager told us they would assess people's mental capacity if this was required. Any restrictions made to ensure people's safety were made lawfully.

People told us they were cared for and were supported to see medical professionals if this was needed.

People were involved in their care planning. Records we reviewed reflected this.

People told us they were happy with the food provided and we saw nutritional assessments were carried out to identify if people required extra support.

People were enabled to be involved in the day to day running of the home. Meetings took place to support people in expressing their views.

People were invited to take part in a range of activities. We saw these were enjoyed by people who took part.

Staff were recruited safely. Staff told us they received training and supervision to enable them to fulfil their role.

People told us they were safe and staff told us they would report concerns of abuse or avoidable harm to the registered manager, their line manager and local safeguarding authorities to protect people.

Rating at last inspection: Requires Improvement. The report was published on the 29 June 2018.

Why we inspected: At our last inspection in May 2018 we identified a breach of Regulation 17 of the Health

and Social Act Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). We found care records did not consistently describe the help and support people required. We took regulatory action and served requirement notices for this breach of legal requirements. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by 31 August 2018. We carried out this inspection to check improvements had been made.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address the breach in regulation and make improvements to the service.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dolphinlee House Home for Older People

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out by one adult social care inspector. The second day of the inspection was carried out by one adult social care inspector and an Expert by Experience. 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 who supported this inspection had experience of supporting older people who may be living with dementia.

Service and service type:

Dolphinlee House Home for Older People is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection visit took place on the 04 and 05 March 2019 and the first day was unannounced.

What we did:

Before our inspection, we completed our planning tool and reviewed the information we held on the service.

We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We contacted the local funding authority and asked them their views on the service provided. In addition, we contacted Healthwatch. Healthwatch are the independent national champion for people who use health and social care services. We used all information gained to help plan our inspection.

We spoke with nine people who received support, two relatives and three external health professionals. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. We reviewed seven care records related to people who lived at the home. We looked at five care records in detail and sampled three further records. In addition, we viewed a sample of medicine records. We reviewed documentation related to health and safety management, training records and three staff personnel files.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We have inspected this key question to follow up the concerns found during our previous inspection in May 2018. At the last inspection carried out in May 2018 we found care records did not consistently reflect people's needs. The registered provider sent us an action plan which indicated improvements would be made by 31 August 2018.

Assessing risk, safety monitoring and management

- Care records were not always an accurate reflection of people's needs. We viewed five care records in detail and found improvements were required in four of these.
- Four people used bed levers. A bed lever is a piece of equipment to support safe mobility and independence. This was not recorded in three people's individual care plans.
- Staff could explain the action they would take to ensure the bed levers were safe to use. However documented risk assessments were not available in four care records to instruct staff how any risks posed by the bed levers could be minimised.
- Evacuation plans were available and detailed the help people would need to leave the building in an emergency. In one personal emergency evacuation plan, we saw the equipment a person needed to transfer from bed or chair to a wheelchair was not included.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). Records were not an accurate reflection of people's needs and risk controls were not recorded within individual care records.

- Prior to the inspection concluding we saw the care records had been updated to reflect people's needs. In addition, the assistant manager wrote to us and told us additional managerial support was being provided to the home to ensure other people's care records were reflective of people's needs.
- Equipment and utilities were checked to ensure they were safe to use.

Staffing and recruitment

- We were unable to assess the suitability of the staffing arrangements through observation as the home was being refurbished during our inspection visit. Five people told us they thought there was a shortage of staff, however they also told us this did not impact on their care. Staff told us they did not always have time to update care records. In addition, staff told us they could not always focus on the administration of medicines as they were asked by people to support them when they were the only available staff member in the area. Staff said additional staff would be beneficial at this time. We spoke with two external health professionals who said they felt additional staff would be helpful. We passed this to the senior operations manager and assistant manager for their consideration.

- We recommend the service seeks and implements best practice guidance on the deployment of staff.
- During the inspection we pressed a call bell and saw this was answered promptly.
- Rotas we viewed showed staffing was arranged in advance and whenever possible, cover was arranged if unplanned leave occurred. Staff also confirmed this.
- The assistant manager told us they monitored sickness levels and policies were available to ensure the correct processes were used in the event of sick leave being taken.
- Staff had been recruited safely. Pre-employment checks were carried out and Disclosure and Barring Service checks were completed prior to staff starting at the home.

Using medicines safely

- Arrangements were in place to ensure medicines were stored safely and securely. We saw medicines were locked away when not in use and temperatures were monitored to ensure medicines were stored in accordance with manufacturer's instructions.
- Written guidance was in place for staff to follow if people were prescribed medicines to be given 'when required'. This meant staff had information to tell them when someone may need their medicine.
- Written information was available to tell staff where or how often to apply creams and staff who applied creams recorded when they had done so.
- We saw medicines were administered in a person-centred way. People were asked if they were ready for their medicines and staff stayed with people to ensure their medicines had been taken.
- We reviewed a sample of medicines records. The medicine records and the amount of medicines matched. This indicated people received their medicines as required. We noted two records were not completed correctly. We were informed by the senior operations manager that action would be taken to ensure this did not happen again.
- During the inspection we were informed a medicine error had taken place. The assistant manager investigated this and sent us a report of actions they had taken. We saw no harm had occurred to the person and lessons were learned to ensure the error did not happen again.
- Staff received training and their competence was assessed to check they were able to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the home. Comments included, "I feel very safe." And, "Yes, I feel perfectly safe, and I am a nervous type of person."
- There were safeguarding procedures and the telephone number of the Lancashire Safeguarding Authorities was accessible to staff, visitors and people who lived at the home.
- Staff could explain the purpose of safeguarding and the action they would take if they had concerns.
- We saw documentation which showed the service made referrals to the Lancashire Safeguarding Authorities if this was required.

Preventing and controlling infection

- Personal protective equipment was used by staff if this was required. Appropriate hand washing facilities were available to reduce the risk and spread of infection.
- Staff told us they completed infection control training and documentation we viewed confirmed this.
- We walked around the home and found it was clean and well maintained. We found housekeeping staff were employed to ensure the home remained clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager identify trends and themes. Records

showed action was taken whenever possible, to minimise the risk of them happening again.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Care records showed people's needs were assessed and plans were developed to support these needs and promote their wellbeing. However, these were not always an accurate reflection of people's needs.
- In one care record we saw a person lived with diabetes. In a further care record, we saw a person lived with epilepsy. In both care records we found there was no information on what living with these conditions meant for the person or how staff should support them in relation to this.
- A person's care plan for mobility did not record the equipment they needed to mobilise safely.
- One person's risk assessment recorded they required a pressure mat to help maintain their safety. Staff told us their needs had changed and this was no longer required. This was confirmed by speaking with the assistant manager. The changes to the person's needs had not been documented on the risk assessment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance) as records were not an accurate reflection of people's needs.

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

- There was a menu for people to select meals from. People told us they were happy with the meals and they could have alternatives if they wished. Comments we received included, "The food is very good – I am a good eater and there is always plenty." And, "The meals are very nice and we usually have two choices."
- People were offered drinks and snacks throughout the day. Staff discreetly reminded people to eat and drink if this was required.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be specially prepared to meet their needs.
- People's nutritional needs were assessed and people were weighed in accordance with their assessed 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on

such authorisations were being met.

- The assistant manager told us if they had concerns that people lacked mental capacity, they would carry out a mental capacity assessment to check this.
- Staff had knowledge of the MCA and the processes to follow if they were concerned that someone at the home lacked mental capacity.
- At the time of the inspection there was one person living at the home who had an authorised Deprivation of Liberty in place. We saw their care was planned to protect and uphold their rights.
- We saw documentation which evidenced that if restrictions were required, applications were made to the appropriate supervisory bodies to ensure people's rights were upheld.

Staff support: induction, training, skills and experience

- Staff told us they received training in key areas such as moving and handling, safeguarding and fire safety. We saw records which confirmed staff could update their knowledge through training activities. The assistant manager told us where gaps in training were identified, action would be taken to ensure staff knowledge remained current.
- Staff received an induction to ensure they were familiar with the service provided.
- The management team told us staff received supervision and appraisal to review their performance and identify talents and training needs. They told us they had recently completed staff supervisions as they had identified shortfalls in this area. Staff members confirmed they received supervision and it was an opportunity to seek feedback on their performance.

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

- People we spoke with and documentation we viewed demonstrated the service worked with external agencies to promote people's wellbeing. Two people told us they had been referred promptly for health professional's advice when this was required.
- People were supported to see external healthcare professionals. For example, referrals were made to district nurses, community physiotherapists and doctors if this was needed.
- Staff told us they worked with other health professionals to ensure people got the support they needed. Two visiting health professionals we spoke with confirmed staff engaged with them as the need arose and they would welcome more engagement to support effective inter-agency working.

Adapting service, design, decoration to meet people's needs

- We walked around the premises. At the time of the inspection refurbishment was taking place.
- The needs of people living with dementia were considered. For example, signage was displayed to help people move independently around the building. In addition, as part of the refurbishment we were told the communal kitchen area had been designed after seeking best practice guidance from Sterling University.
- There were communal areas for people to use with sufficient seating and dining resources.
- Aids were in place to meet the assessed needs of people who experienced challenges with their mobility.

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

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

- People told us they were recognised as individuals and their rights were upheld. One person shared that they were supported to practice their faith.
- Documentation recorded people's individual beliefs, preferences and the support they required. Staff told us they had received training in equality and diversity and would support people to live individual lives and would act to uphold people's human rights.
- Care records contained information about people's social histories and backgrounds. We saw staff knew these and used this knowledge to stimulate conversations. People told us staff knew them well.
- Interactions between staff and people who lived at the home were warm and loving. We saw staff were kind and gentle with people when they supported them.
- People and relatives told us staff were caring. Staff were described as, "Thoughtful." And, "Kind and helpful."

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

- We found people were involved in discussions about their care. Not all the people we spoke with could recall if they were involved in care planning. We reviewed documentation which showed people were asked to consent to various aspects of their care and a relative we spoke with told us, "[Family member] has a treatment plan which they go through with him." A person who lived at the home told us they had been involved in deciding how they would manage their risk of falls.
- The assistant manager explained they would support people to access an advocate. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. Information on advocacy services was displayed on a notice board within the home.

Respecting and promoting people's privacy, dignity and independence

- People told us they were respected and their privacy and dignity was upheld. One person told us staff closed their door if they needed to support them or discuss personal details. A further person commented, "They always respect my privacy."
- Before entering people's rooms, staff knocked on doors and waited for a response before entering.
- Staff ensured conversations about people's needs and wishes were discreet to protect people's privacy and dignity.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were not assured of responsive care as information in care records was sometimes conflicting or inaccurate. One part of a person's care record said they needed prompting to maintain their continence, another part said they needed help when they requested support. In addition, the document did not record the person was to be checked every half hour during the day to check their wellbeing.
- In a further care record, we saw the person needed their drinks thickened. Staff told us this was not required by the person. This was confirmed by speaking with the assistant manager.
- In a second care record we saw instructions that a person required specific support with foot care. Staff told us this was no longer required. This was confirmed by speaking with the assistant manager.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance), as records were not always an accurate reflection of people's needs.

- Prior to the inspection concluding we saw the care records had been updated to reflect people's needs. In addition, the assistant manager wrote to us and told us additional managerial support was being provided to the home to ensure other people's care records were reflective of people's needs.
- Care records contained information about people's preferences and choices. For example, if people chose to rise and retire to bed at a certain time this was documented. People told us they could follow a routine of their choice.
- People told us, and we saw documentation which showed people were referred to other health professionals in response to their changing needs.
- We spoke with a visiting health professional who told us referrals were made promptly to ensure people's needs were met.
- People's communication needs were considered and recorded to ensure the service met the requirements of the Accessible Information Standard. Care records showed the support people required to communicate.
- People could enjoy varied and stimulating activities. We saw people enjoying an organised exercise activity. The atmosphere was lively and people were smiling and laughing as they took part.

Improving care quality in response to complaints or concerns

- People told us they were confident any complaints would be addressed and investigated.
- The assistant manager told us they took all complaints seriously and offered an apology if this was appropriate. We viewed documentation which showed complaints were investigated and responded to.

End of life care and support

- People told us they had been given the opportunity to discuss their end of life wishes.

- Staff told us they had received training in end of life care and more training was being planned.
- Care documentation reflected people's personal wishes regarding their end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The home had not met all fundamental standards during the inspection.
- This is the second time the service has been rated as 'Requires improvement'. Improvements identified as required from the last Care Quality Commission inspection in May 2018 had not been consistently made.
- Accidents and incidents were investigated and actions recorded where improvements could be made. For example, extra staffing had been provided at night and signage reminding people of the help they needed to mobilise had been displayed in people's rooms. A review of accident records showed accidents and incidents had decreased since these changes had been made.
- Audits and checks were carried out to identify when improvements were required. For example, they had been identified care records required improvements. As a result, a care manager from another home was at the service to support staff in making the changes identified.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The assistant manager told us policies and procedures were available to ensure duty of candour responsibilities were met.
- Documentation viewed showed that apologies were made if this was required.
- The assistant manager knew the people who lived at the home well and demonstrated a good understanding of their needs, preferences and wishes.
- Staff told us they were supported by the management team and could approach them to seek guidance at any time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the registered manager was on leave. The registered provider had arranged for a registered manager from another of their homes to work at the service and provide direction and leadership to the staff and management team.
- Documentation showed the management team were aware of their regulatory responsibilities to report certain incidents and events to the Care Quality Commission. We had received appropriate notification of these as they occurred.
- Ratings from the previous inspection were displayed at the service.
- 'Champion roles' were in place. This meant named members of staff had oversight of certain areas of care provision and promoted best practice guidance. For example, champion roles were in place for

safeguarding, falls and nutrition.

- Staff and the management team were clear about their roles, responsibilities and the reporting arrangements in place. Staff told us they worked together to provide the service. One staff member commented, "We're a tight knit team."

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

- People and relatives provided feedback on the service provided through meetings. The assistant manager told us it had been identified that meetings for people who lived at the home and their relatives had not been occurring regularly. We viewed documentation that showed meetings had recommenced and were planned for the coming months. In addition, we saw newsletters were provided to inform people who lived at the home and their relatives to keep them up to date with planned events and changes.
- The assistant manager told us the home provided surveys for people and relatives to complete. These were reviewed to identify what the service did well and what the service needed to improve upon. They told us it had been identified that a satisfaction survey was due to be provided to relatives and people who lived at the home and this was currently being actioned.
- Staff told us and we saw documentation that showed staff meetings took place. This allowed discussion to take place on any changes required to improve the service provided, and staff could raise their views if they wished to do so. For example, staff raised a concern about the staff call pager system. We discussed this with the assistant manager. They explained that following the feedback, the system had been reviewed by a specialist technician and this had improved the way the system worked.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current best practice, providing a quality service and the people in their care were safe.
- We found the service had liaised with health care professionals to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their 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	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were not always an accurate reflection of people's needs. Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.