

Dolphin Homes Limited

Sea Breeze

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 ●

Summary of findings

Overall summary

The inspection took place on the 12 October 2016 and was unannounced.

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

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

We found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place and accidents and incidents were monitored and recorded.

Medicines were administered and stored safely.

The provider 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.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP.

Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs.

People were supported to pursue leisure activities and access local facilities.

Staff were aware of people's need for privacy and dignity and made arrangements to provide this.

People were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff available to care for people appropriately.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. A process for raising concerns was in place.

The provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

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

Medicines were stored and handled safely.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good ●

The service was effective

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet.

People were supported to access other health professionals and services.

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

Is the service caring?

Good ●

The service was caring.

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

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

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

Is the service responsive?

Good ●

The service was responsive.

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

People had their needs regularly assessed and reviewed.

People were regularly involved in these reviews.

There was a complaints procedure which relatives were aware of.

Is the service well-led?

Good ●

The service was well led.

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

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

The registered manager provided good leadership and led by example.

There were effective systems in place to assess and monitor the quality of the service.

Sea Breeze

Detailed findings

Background to this inspection

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

This inspection took place on the 12 October 2016 and was unannounced. One inspector undertook this inspection.

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

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

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

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

Following the inspection we asked the registered manager to send us further information regarding training,

policies and quality assurance. We received this.

Is the service safe?

Our findings

From our observations of the interaction between staff and the people living at Sea Breeze people appeared to feel comfortable with the staff.

The registered manager and the staff we spoke with showed a good awareness of how they would protect people from harm. Staff were aware of how to report an incident both internally and externally to the provider. They told us that they had received training to support them in keeping people safe. We saw from the training record that staff had received this training. The provider had safeguarding policies and procedures in place to guide practice.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments regarding people's mobility around the home ensuring there were no obstacles in the way or furniture moved.

People's needs were considered in the event of a fire. People had personal evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe and fit for purpose. One member of staff was responsible for checking the emergency lights and fire alarms. They carried out these checks on the day of the inspection. Records showed they were carried out regularly. Any actions needed as a result of the tests were recorded in the fire safety book and maintenance book for action. The action recorded in the fire record was not dated therefore it was not possible to audit that repairs were undertaken in a timely manner. We spoke with the quality manager about this and they said "That is a fair point" and agreed to amend the record to show the dates.

Accidents and incidents were recorded and investigated to help prevent reoccurrence. For example where someone was prone to falls they wore a safety helmet.

We found that there were sufficient staff on duty to meet people's needs. We found that the service had a low turnover of staff and staff retention was good, this helped to support continuity of care for people.

Staff told us they felt there were enough staff on duty to meet people's needs through the day and night time. The manager told us that they had a steady staff team and absences were covered by their own staff. They explained that they preferred this as they knew the needs of the people who lived at the home. In the event of having to use agency staff they requested staff that had been to the home before.

We saw staff records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff's previous employers and with the Disclosure and Barring Service (DBS). These checks help

employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

We saw that medicines were handled and administered safely. Medicines were stored in locked cupboards according to national guidance. All the permanent staff employed at the home were trained to administer medicines. Staff told us that they received regular training on the administration of medicines, and we saw from the records that staff had completed training.

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

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given. For example on the day of our inspection the manager received information leading to changes in an as needed medicine for a person in the event of a seizure. The manager confirmed the changes in the medicine and its administration before advising staff of the changes and rewriting the protocol for the use of the medicine.

Is the service effective?

Our findings

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

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

An induction process was in place for staff who had been newly appointed to the provider. The induction was in line with national guidance as the provider had introduced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction process also included shadowing and shared shifts to ensure that staff were confident in providing care to people.

Supervision was provided on a regular basis and staff told us that they had received appraisals. Appraisals provide an opportunity for staff and managers to review performance and ensure that staff have the skills and support to carry out their role. The manager told us that the provider was discussing supervision and appraisals with them and were rewriting their policy on the timings of support for staff. Staff told us they had team meetings as well as full staff meetings. Team meetings were held amongst the team that worked together regularly to "iron out" any issues and the staff told us this worked well and "cleared the air".

Where people had specific nutritional needs we saw that plans and assessments were in place and advice had been sought from other professionals such as the speech and language therapist (SALT) to ensure that their needs were met.

We observed breakfast, lunch and teatime and saw that staff sat with people and chatted with them, for example, about their day. Staff supported people where needed and people had tools to assist them with eating independently such as plate guards. People were asked what they would like for lunch and tea and staff supported them to prepare it. People had access to drinks and snacks during the day.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The registered manager told us that they had a positive relationship with most local health professionals however, some others proved to be a challenge and they felt they had to make repeated requests for support.

The provider had made appropriate referrals when required for advice and support. Where people had specific health needs, advice and support had been sought. Care records detailed what support people required to support them with their health needs. For example a person required specific support with their

diet. We saw records of appointments and intervention from other professionals in the care records such as occupational therapists and dentists.

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

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection we saw one person was subject to a DoLS and several applications had been made, of which they were awaiting the outcome.

Is the service caring?

Our findings

We found that the interaction between people and the staff was relaxed and friendly and there were easy conversations and laughter. People who used the service told us they were happy. One person told us, "I like it here". The result of a survey carried out with relatives in 2015 showed 100% satisfaction in the care received by their family member.

Staff spoke with people kindly and made sure people were comfortable. Staff were respectful and spoke with people in a considerate way. We saw, and people told us that staff did not hurry people and were caring and patient in their attitude towards people. For example one person had a birthday coming up and repeatedly referred to a difficult previous experience it reminded them of. Staff responded every time as if this was the first time they had heard this news.

We saw that caring relationships had developed between people who used the service and staff. Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. For example one person knew basic Makaton, (Makaton is a sign language used with verbal communication to provide visual prompts) and was supported to use it as staff knew Makaton too.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff observed the right for people to have their own space within their home, for example, asking permission to enter their bedrooms. Staff spoke discreetly to people and asked them if they required assistance. We observed that staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

People were supported and encouraged to maintain relationships with their friends and family. The manager told us that visitors were welcome and they could visit their family members when they wished, and they often came in through the back door as they felt comfortable coming to the home. Visitors were also aware that the doorbell made some people jump.

We observed that people had the choice to stay in their room or use the communal areas if they wanted to and three people who were independently mobile took themselves off to their rooms after tea. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about people's care needs.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated, and were able to use this knowledge and understanding to respond promptly to requests, or signs of anxiety or discomfort.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. There were a range of activities offered and four people went to day care regularly during the week. Relatives said they thought staff had a good understanding of people's individual needs, and were responsive to any advice or suggestions.

People's support plans provided staff with clear and detailed information about people's health and social care needs. We looked at the plans for three people and sampled a fourth. Each area of the plan described, how best to support the person, things staff needed to know and specific goals for the person concerned. For example, one plan stated the person needed support and guidance with personal care tasks, but also the importance of encouraging choice where possible. The plan said the person would find too much choice difficult in areas other than daily living and only a choice of two things were to be offered at any one time.

People received personalised care, which was responsive to their specific needs. For example, one person used Makaton (a form of sign language) to tell staff how they were feeling and to help them plan their day. Staff were patient with people in understanding their needs. We saw staff were very responsive throughout the day. For example one person who had limited senses to help them in their life indicated their needs in other ways. Staff would approach the person and offer their arm to them so the person could touch and smell it to identify the member of staff. Staff indicated with objects of reference what was happening for example, a spoon given to the person showed it was meal time. If they took the spoon and held it this told staff they wanted some food. When staff rocked them in their special chair, if the person wanted more they moved their head to indicate this to staff.

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

People were supported to lead a full and active lifestyle. There was a meeting on a Sunday and people told us they chose meals and told staff what they wanted to do during the week.

The manager and staff checked regularly to help ensure people were happy with the care being provided, through daily conversations and yearly surveys.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise or support people to make a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last 12 months and saw that one complaint had been received. We found that this had been responded to with satisfactory outcomes for the person who had raised the complaint.

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability. A member of staff said, "We plan things together." Staff told us that they felt supported in their role and would feel comfortable raising issues with the registered manager and the provider. Staff had access to an on call manager for advice and support on a 24 hour basis. Staff meetings were held regularly.

We found that the registered manager was visible, knew their staff and the people in their care.

Effective working arrangements were in place to provide support to people from external organisations and volunteers.

The registered manager told us they were responsible for undertaking regular checks of the home. They had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. Regular audits were undertaken of people's medicines and personal finances to help ensure they remained safe and protected.

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

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

The provider had sent surveys to relatives, people using the service and staff to gain their views about the service provision in 2015. Overall, these were positive comments about the care and service that was provided. Staff told us they had been asked their views recently but these had not been collated as yet.

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

Information following investigations of incidents was used to aid learning and drive quality across the service. For example, incidents of behaviour had been recorded on a behaviour log sheet so any patterns could be identified and addressed.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns regarding any poor practices witnessed with the registered manager.

