

# Royal Mencap Society

# Dolphin Court

## 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

This inspection took place on 12 February 2018 and was unannounced.

Dolphin Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dolphin Court accommodates 15 people with a learning disability and / or physical disability in three adapted buildings and three flats. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy 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.

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. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies

and systems in the service supported this practice. An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Dolphin Court

## **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 12 February 2018 and was unannounced. The inspection was undertaken by two inspectors 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 background and expertise was working with people with a learning disability.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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 five staff, including the registered manager. Most people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We received feedback from eight relatives of people using the service. We reviewed four people's care records plus staff records such as supervisions, recruitment and training. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

People were not able to speak with us, but whilst they did not specifically tell us they felt safe their interactions and relationships with staff were friendly and comfortable. People laughed and joked with staff and the atmosphere was relaxed. One family said, "[Name] as always been happy at Dolphin Court and clearly has a bond with regular staff. We have seen no indication that they feel uncomfortable with staff members in fact it is very noticeable that when we collect [name] to take them out they become very excited, [name] greets us with vocal welcomes and cuddles but when we take [name] back they respond in the same way with just as much enthusiasm to the regular staff and housemates."

Staff supported people to manage and reduce any risks to their safety. This included risks at the service and in the community. Many of the people using the service were not aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided, for example one person was supported to access the kitchen and make their own cup of tea.

The members of staff we spoke with had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member said, "The people living here are quite vulnerable so we need to be vigilant". Notifications sent to us showed that referrals were made as needed. This was confirmed by information we saw at the inspection.

We also noted that, where staff involvement was required, people's financial affairs were managed safely and appropriately. For example, one person's support plan contained a Finances and Tenancy section which clearly outlined staff responsibilities in assisting the person to manage money safely. The level of assistance required had been assessed; in this case the person had no real concept of money which meant staff were required to go with the person when going to withdraw money and to supervise its use. The policy for financial management was up to date, relevant and signed as read by all staff.

The support plans we looked at contained relevant and up to date information. For example, we noted one person occasionally displayed verbal and physical aggression towards staff. We noted there was a behaviour support plan in place, outlining in detail possible triggers to behaviour and instructions to staff on how to de-escalate situations and keep people safe. Incidents were recorded on behavioural charts and the provider had sought advice from the Community Team for People with Learning Disabilities.

There were detailed manual handling assessments in all the support plans we looked at. These described in detail how people should be safely helped to move and reposition. We also noted that people's e-Books contained videos of the correct manual handling and lifting techniques for that particular person. This was used to show new staff and agency staff how to care for people in a manner that was safe and met their needs.

The premises were purpose built and as such did not present significant difficulties in evacuating people in

the event of an emergency. We noted there were Personal Emergency Evacuation Plans (PEEPs) in support plans which outlined how people could be removed or kept safe in the event of an emergency, such as fire and flood.

There were sufficient staff to meet people's needs. The majority of people using the service needed support from staff in the community. Support was provided 24 hours a day. Additional support was available on call if staff needed advice or in the event of an emergency. We asked staff if they thought there were enough carers on duty to provide safe and effective care. One staff member said, "I think so. There are staff around all of the time and there's always someone if you need help or advice".

Safe recruitment practices were followed, several new staff had been recruited since the home's last inspection in 2016. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines and staff were able to explain to us the behaviour people showed which may indicate they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines.

We spoke with an assistant service manager about medicines management. We were shown evidence of staff training and regular competency checks undertaken by all staff members authorised to dispense medicines.

We noted the provider had also communicated effectively with external agencies, such as GPs and pharmacists to ensure the safe management of medicines. For example, each person's medicines regime was regularly reviewed by their GP in order to ensure its effectiveness.

The home was clean. We did not detect any malodours during our visit. We also examined the provider's monthly infection control audits. There had been one outbreak of communicable disease in 2017. This had been managed safely in line with the provider's policy. We noted audits attempted to discover the source of infection control issues and to put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. There were also individual infection control risk assessments in people's support plans.

We undertook a 'walk round' of the home. We noted all areas, both communal and clinical, were clean and tidy. There were ample hand hygiene stations throughout the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. All staff had recently undertaken training in infection control.

The registered manager showed us through their audits, of where there were issues for example in recording medicines, they updated staff through one to one sessions or team meetings to ensure that all staff were reminded of the correct actions they needed to take.

# Is the service effective?

## Our findings

People indicated to us they liked living at the home. Staff and the manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required. We spoke with staff about their experiences of induction when first coming to work at the home. One staff member said, "I thought it was very good. I always felt safe".

We did note the Skills for Life Care Certificate training was in place for all new staff. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. We asked staff about the training opportunities on offer. One staff member said, "I haven't been here very long but there has been plenty of training already". We asked staff about the managerial support they received. One staff member said, "I haven't had supervision yet as I'm still on probation but I do feel really well supported". Families said, "The support staff are chosen with care to make team work possible, and there is always on-going training and this is vital to achieve continuity and support across the home."

The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves. The support plans we looked at reflected the high level of staff awareness of the importance of good nutrition and hydration. For example, one person had been referred to a specialist dietician as they had begun to lose weight. The dietician had recommended a high protein, high calorie diet which has led to subsequent weight gain.

Families told us, "The set up and managing of the home allows the teams to get to know their ways and needs and we particularly appreciate this as it gives continuity in [name's] care which is vital for their wellbeing." Another said, "A number of new faces recently have been taken on as part of the recruitment drive. They are mostly adapting quickly and well and getting to know [name] and the other residents. The standard of accommodation and care is very high. Like with many large organisations with central contracts, there are occasional frustrations with getting simple repairs carried out."

We noted from our examination of support plans, that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as hospital consultants, dieticians and the Community Team for People with Learning Disabilities.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff adhered to the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held with the health and social care professionals involved in a person's care and their relatives where appropriate. We saw an example of this regarding an operation one person needed.

We asked staff about issues of consent and about their understanding of the Mental Capacity Act (MCA) (2005). The staff members we spoke had undertaken recent training in this area. They could tell us, in detail, the implications of Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. Staff could tell us about people's rights to take risks when in possession of mental capacity.

We looked at support plans in the light of issues of consent and capacity. Where needed mental capacity assessments had been undertaken and best interest decisions made and staff had sought the consent of people with capacity before acting. We noted this was done in the process of care planning and review. We also found evidence that those relatives and representatives making decisions about people's care were entitled to do so, through the possession of Lasting Power of Attorney for Health and Welfare.

We noted support plans also contained a section entitled 'Health File'. These contained information related to the health and wellbeing of individuals. For example, one person's health file contained a section entitled, 'Personal issues for women', which provided information for the person and staff around areas such as breast examination, menopause and safe sex for people with learning disabilities. These were highly individualised and relevant to the support of the person.

Dolphin Court is a purpose built home. The service was well maintained and decorated. There was a lounge and kitchen for people to use in each house and flat as and when they wished. We observed people navigating around the home independently where possible. Each person's bedroom was personalised and provided en-suite bathroom facilities. There were resources and sensory stimulation for people to use at their leisure.

## Is the service caring?

### Our findings

Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

Staff were responsive to people's needs and addressed them promptly and courteously. It was evident all staff knew all people really well; for example, staff knew people's food preferences without referring to documentation. Those at risk were monitored closely but discreetly where necessary; for example, those presenting with choking risks.

Families said, "I cannot praise the carers enough at Dolphin Court I feel [name] is in good hands even now they are at home the care continues to be exemplary, they have gone beyond the call of duty, excellent work and the manager must be very proud of her staff well done." And, "I have the highest regard for all the staff at Dolphin Court. I know there has been some issues in the past but as I have worked in this industry I am aware of the difficult situation that can occur. There is a very strong parent group at Dolphin Court. [Name] can be challenging but the staff are fantastic with them. They recognise their needs and engage with their sense of humour. The biggest thing for me was when they come home they can arrange this. They have my respect."

We looked at people's support plans in order to ascertain how staff involved people and their families with their care as much as possible. Support plans and risk assessments were discussed and agreed with people or their representatives. These were reviewed regularly by staff and were signed by people, relatives or representatives. Records of contact with family members were kept.

We were told that a pilot was being carried out with some people's information being stored in eBooks. People's family members also had access to this via use of an electronic tablet and were encouraged to update support plans themselves if they identified any changes. eBooks could also be used as a secure social media platform, accessible only to staff, people and their families. This enabled people and their family members to keep up to date with events at the home and share their experiences through, for example, photographs and videos.

One family said, "Dolphin Court is a good place for [name] to live because there is a working relationship between support workers, [name] their family and management on site. Would like to see ongoing use of the eBook and roll out to all residents at Dolphin Court."

We observed staff interacting with people throughout the day. We noted staff were respectful and kind to people living at the home. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.

There was a calm and inclusive atmosphere in the home. The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident staff saw people as individuals. One staff member told us, "We're encouraged

to see people as people. That's why I like working here".

We asked staff if they thought the home was a caring place. One staff member told us, "Without doubt. I think everyone's really kind".

## Is the service responsive?

### Our findings

We looked at four people's support plans and daily records. They were legible, and securely stored. They were person centred. People's choices and preferences were documented. We noted there were extensive personal and social histories were contained within them; it was possible to 'see the person' in support plans. The care staff we spoke with were knowledgeable about the people they were caring for.

Families said, "We would like to say that we are very pleased with the level of care our loved one receives and with the efficient running of the home at the moment. Staff are attentive to our comments and requests and keep us informed of their changing needs and ongoing care. "

Another said, "The detailed level of reporting on residents' daily routines helps us to know what [name] is doing and how they are feeling/reacting to different situations. As well as the regular informal chats we have with staff, we have regular formal reviews with [name's] key worker and management to discuss how things are. There is also a quarterly meeting for parents/carers to both discuss any issues and to keep up to date with developments at Dolphin Court. There are also activities/events throughout the year that parents/carers are invited to that also help us to stay involved with [name's] new 'family'."

We were told that activities were individualised. Some people attended a day service where they could, among other things, socialise with their friends. Others were supported to access work. We observed one person being supported to go out in their car, whilst others were supported to go for a walk. One person was not able to go to their regular day service placement due to an appointment. The person was asked what they would like to do. They indicated that they would like to play with their soft toy. They were encouraged to refrain from throwing the toy in the lounge. This was so as not to interfere with other people enjoying the space. After lunch a person remained seated at the dining table, we were told that this indicated that they would like to participate in an activity. They were offered a choice of a game or a puzzle, they chose the puzzle and were supported accordingly.

We noted from the support plans and documentation that extensive personal and social histories were included and that people's wishes were accommodated. There was an emphasis made by the provider to ensure staff knew people well. For example, some people's histories were stored in an 'e-book' on an electronic tablet device. This contained a section entitled, 'How well do you know me?', essentially a quiz for staff, centred around the past and present lives of people.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. We

noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies. The complaints procedure was also available in an easy read format, which we saw. The staff we spoke with were clear about their responsibilities in the management of complaints.

The Accessible Information standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager and staff about how people's communication needs were met. Staff we spoke with were knowledgeable about people's communication needs and we saw examples of care plans that described the communication needs of people living with a sensory loss and how these should be met by staff.

We discussed end of life care with the registered manager. They were aware that care plans needed to hold this information however, and they were planning to have conversations with people and their representatives at their next reviews.

## Is the service well-led?

### Our findings

The registered manager had been at the service since 2016. The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. One member of staff told us the registered manager was "hands on" and there was a team approach towards supporting people. Another said, "I think I could approach the manager about anything". The registered manager said, "We've got a really good team."

Family members told us "The management team work well together. Special mention must go to the manager [name] who leads by example and is always approachable and pragmatic. We have regular parents/family meetings, vital to interact and support each other when needed, and we are kept informed by monthly updates. We are very happy overall with Dolphin Court as it is at the moment."

Another said, "We have been pleased with the excellent support both for our relative and us, particularly from core staff. This is particularly true concerning the levels of approachability- staff are always available to talk to and open to new thoughts/ways of tackling any issues/problems. We have total confidence in them looking after [name]."

A third told us, "We are very happy with the quality care our loved one receives there. There is a culture of striving for continual improvement and we see the benefits in our [name's] care and activities. There have been times when they have struggled with staffing levels and we have seen more agency cover than we would have liked, but that does not appear to have resulted in a reduction in care standards and our loved one seems unaffected. They have in the past and continue to make great efforts to recruit, train and retain sufficient permanent staff to ensure continuity and we have certainly seen an improvement in that area recently."

A fourth commended, "Overall we are happy with the excellent care that [name] receives at Dolphin Court, occasionally there is a problem recruiting staff and Dolphin Court has had to use agency staff but apart from that, we think the service is very good."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The results of the survey we looked at were positive and included comments such as: "Keep doing what you are doing already [name], always seems happy interacting with the carers when we visit." "Bike rides are good idea, it maintains weight loss which has improved mobility."

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We looked at audits undertaken by the provider, for example medicines. We noted there were a variety of daily, weekly and monthly procedures in place in all aspects of medicines management. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice. We noted this was followed up in team meetings where staff were reminded to 'read and sign guidelines'.

The manager shared a business improvement plan with us showing how they were going to develop the service, part of the plan included the maintenance of the service and emergency plans.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.