

Dolphin Homes Limited

Orchard Lodge

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 18 May 2017 and was unannounced.

Orchard Lodge provides long term accommodation to six adults who have a learning disability, autism and/or a physical disability. At the time of our visit there were six people living at Orchard Lodge.

A registered manager was 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. The registered manager was experienced in the care of people with a learning disability.

At our last inspection, carried out on 13 June 2016, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection the service was rated requires improvement.

The concerns were; the lack of personalised risk assessments and care plans meant that people were at risk and not enough action had been taken to mitigate any risks. There was a lack of response in updating people's individualised needs and risks in their care plans and records that would help staff to monitor people's health and wellbeing. Whilst there was a monitoring tool and an audit system in place there were concerns about poor record keeping, and the quality assurance system had not identified these concerns, so were not effective. There was a lack of records for person centred care as the lack of good governance meant that the service was not responsive to changes. The provider did not send us an action plan this was because the manager left after the inspection. However at this inspection we found the provider had taken action and was now compliant with the regulations.

Where people had communication needs, staff were aware of how to communicate with people to ensure they could express themselves and make choices. People mainly used body language, gestures or sounds to communicate, some people could use a few key words to communicate their needs.

There were sufficient staff to keep people safe. There were recruitment practices in place to help ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records.

Care plans were clearly written showing the support people needed. Risk assessments were in place for a variety of tasks such as personal care, use of equipment, health, and the environment and they were

updated as needed. The registered manager ensured that actions had been taken after incidents and accidents occurred to prevent a reoccurrence.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Staff were heard to ask people's consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink.

People's weights were monitored on a regular basis to ensure they remained healthy. People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was an induction programme in place which included staff undertaking the Care Certificate. Staff were supported in their work and received regular supervision.

Positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity were respected.

People received a personalised service. Care and support was person-centred and care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence. People took part in a variety of activities supported by staff.

The provider listened to staff and relative's views. There was a complaints procedure in place. There had been no complaints since the last inspection.

Servicing and maintenance checks were carried out by staff which helped protect people who used the service from injuries caused by equipment. Where there had been accidents these had been recorded and where necessary investigated.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Staff were motivated and aware of their responsibilities.

There was a quality assurance system in place which meant that the service was able to review and improve.

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

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

There was a robust recruitment process.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent to their care and treatment. They followed legal guidelines to make informed decisions in people's best interests where people lacked capacity to make certain decisions themselves.

People were supported to have a balanced diet. They had access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known.

People's independence, privacy and dignity were respected and promoted.

Is the service responsive?

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took account of their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints.

Good ●

Is the service well-led?

The service was well led.

People, their representatives and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components.

The registered manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

Good ●

Orchard Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 18 May 2017 and was unannounced. One inspector undertook the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to most of the people who lived at the home. We spoke with the manager and four members of support staff.

We looked at the care plans, and associated records for four people. We looked at all the medicine records. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for four members of staff.

Is the service safe?

Our findings

We saw people were relaxed when staff supported them and staff took action to promote people's safety.

At our previous inspection in June 2016 there was a lack of response in updating people's individualised needs and risks in their care plans and records that would help staff to monitor people's health and wellbeing.

At this inspection we found the provider had taken action and was in the process of transferring care plans and risk assessments onto an electronic system. The paper care records and risk assessments had been revised with extra notes amending them and these notes were added as they were transferred to the new system. All records seen on the new system were personalised and up to date with regards to risks and support needed by people.

Care plans showed that staff had identified and assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. Risks associated with people's care needs had also been assessed. These included risk assessments for maintenance of skin integrity, nutrition and mobility. Risk assessments had been completed and used to inform care plans about the person's mobility, how staff should support them to ensure they could mobilise safely, and how to avoid the risks of falling around the home. A record of falls was in each person's care records and was used to monitor and identify any patterns in their falls. Another example was skin integrity. Where people were at risk staff ensured people were supported to move in their bed, and they provided regular changes from bed to wheelchair with guidance from external professionals such as specialist nurses.

Where risks associated with people's mental wellbeing had been identified care plans reflected the actions staff should take to reduce these risks. For people who displayed behaviours that might present a risk to themselves or others, the behaviours and triggers to these had been identified. Staff had a very good understanding of people's needs and the risks associated with these behaviours. For example, for one person who could display aggressive or challenging behaviour towards others, staff were able to give us clear information on how they supported this person to maintain their safety and that of others. They told us how they supported people to remain calm, access other areas of the home and express their concerns, or provided one to one support to maintain people's safety.

There were systems in place to protect people from environmental risks for example testing fire alarms weekly. There was also a fire safety plan for the home and one for each of the individual buildings and individual personal evacuation plans. Staff were aware of the plans and were able to tell us the action they would take to protect people if the fire alarm went off.

Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example we saw that

where people had been identified with a choking risk, referrals had been made to the speech and language therapists and that information from those assessments had been incorporated into individual care plans. For example 'food to be cut into one inch pieces' Staff we spoke with were aware of this risk and how they should present food to the person to ensure ease of swallowing and protect them from choking. We observed staff mashing and blending foods as needed for individuals.

The recruitment process helped ensure that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We looked at four recruitment files which had a full employment history, references, copies of the questions asked at interview and tests that were undertaken at interview. Staff we spoke with told us about their recruitment process and how they had not been able to commence work until the results of the checks had been received. The information regarding DBS checks were not kept at the home although the manager was able to access these on the provider's HR system. Following the inspection the provider told us they had arranged for a record to be held at the home detailing the checks that had taken place.

We looked at the rotas for the staffing at the home. We had seen from care plans that some people had been assessed as needing one to one care and others two to one care. The rotas indicated that needs were met and dedicated teams of people helped to support those that needed extra care to enable them to participate in life in the home and in the community. Staff we spoke with said that there were enough staff available.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the provider's policy.

Storage arrangements for medicines were secure. The home had a policy and procedure for the receipt, storage and administration of medicines. Staff supported people to take their medicines and these had been administered as prescribed. Two members of staff were involved in the administration of medicines. One person acted as an observer to help ensure safe practice.

Medicines Administration Records (MAR) were up to date with no unexplained gaps or errors. People were prescribed when required (PRN) medicines and MARs showed the dosage given and time they were administered. Protocols for the use of PRN medicines were in place to guide staff on when these medicines may be required. For example one person was prescribed PRN medicines to help with their bowels and there was clear information in place about when to consider administering medicines. Where people were prescribed creams and ointments, these were usually kept in people's bedrooms and applied by care staff when they provided personal care.

However, where people were prescribed Warfarin (a blood thinner to help prevent blood clots), there was no information in the medicine records, care plans or risk assessments of the risks associated with this medicine such as excessive bleeding. Staff told us that they were sent information from the hospital following regular blood tests to inform them of any changes to the amount of medicine to be given. The manager found information in the district nurses' folder and told us they would ensure this was added to the medicine records, care plans and risk assessments. Following the inspection the registered manager sent us confirmation that the information had been added to the person's records.

All staff said they had completed training in the safe administration of medicines and said they were not

able to administer medicines until this had been completed and they had been confirmed as competent by the manager or deputy manager. They said this training was updated annually. Staff were able to describe what they would do in the event of a medicines error and told us these were always investigated and action taken by the provider.

Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager to monitor and review to ensure appropriate management plans were put in place.

Is the service effective?

Our findings

At our previous inspection in June 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there was a lack of updating of people's individualised needs and risks in their care plans and in records that would help staff to monitor and address people's health and wellbeing. At this inspection we found the provider had taken action. Records had been updated to reflect people's current needs and any risks associated with them. There was no longer a breach of this regulation. For example one club a person attended with a friend had closed. As a consequence the person spent more time in their room and did not seek company often until midday. Staff were aware of the risk of isolation on the person's health and ensured they checked on them and offered them support, food and drink.

People were supported by competent and trained staff. Staff told us they underwent induction training prior to working independently within the service. One member of staff said, "The training has been very good. I was new to care and the training has shown me how to support people well." Staff were able to access other training in support of their goals, for example Diploma's in leadership. Other staff told us that training was good and enabled them to carry out support at the home "with confidence".

Staff received on-going comprehensive training to enable them to effectively carry out their roles. We looked at staff training records and found that staff had undertaken training in safeguarding, first aid, medicine administration, positive behaviour management, epilepsy and health and safety. Training also consisted of infection control and fire safety. There was a mix of learning from completing work books which were sent for marking and practical assessments, for example for manual handling assessment and medicines competency.

One member of staff told us "I have had training in learning disabilities and how to communicate with people and training in how to use specific pieces of equipment that people use".

The registered manager ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held. Staff had a personal Continuous Professional Development folder. One member of staff had theirs and they were able to show us what was included in it and the progress they had made on their Care Certificate. The Care Certificate is a set of core standards which provides staff with the knowledge they need to provide people's care. The manager told us that staff had been issued with their appraisal records for them to complete their part before the appraisal, all of which were to be held in June 2017.

The Mental Capacity Act 2005 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 the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

People were not deprived of their liberty unlawfully. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Legal processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare. There were applications or completed assessments under DoLS on the care plans we looked at. The registered manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to make choices and give consent in a way they understood. Staff told us, "People understand what we say although they may not always be able to verbalise this". For example, some people were able to sign and had also created their own words; others could say two or three words and communicated with body language and sound whilst others would take staff to what they wanted. We observed staff communicating with people in a variety of ways that met each person's needs.

Staff encouraged people to maintain a healthy diet and supported them to make healthy choices in regards to food and drink. We observed a meal time. Staff had prepared the meal. We heard people being asked what they would like to eat; there was a picture menu on the wall in the dining room. Where people needed support with their eating and drinking this was given in a dignified way. Staff ensured that where necessary people had their food cut up and liquid thickened in line with information in their care plans to reduce the risks of choking. Most people ate in the kitchen dining area; staff ate with them and the meal was a sociable event. People were weighed regularly to ensure they remained healthy.

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

Staff were respectful and spoke to people with consideration. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. One person liked to take their time in getting up and did not come into the lounge until after lunch. Another person was restricted to bed rest for most of the day whilst waiting for a new suitable wheel chair. However staff did enable them to get up for short periods as recommended by the district nursing team. When people were in their room staff ensured they had plenty to eat and drink and spent time with them if they wished playing games or talking.

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. There was a family atmosphere, with staff chatting and interacting with people. Staff were very patient and gave no sign of annoyance at having repeated conversations or being asked the same questions several times. They smiled and acted as if this was the first time they had spoken about it.

Staff treated people with dignity and recognised and valued them as individuals. Staff supported people's dignity and respect. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. One staff member told us how they supported someone's dignity whilst providing personal care; they said, "I would shut the door, talk them through that we are doing, like let's get ready for the bath."

During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen.

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person's care plan had information about the person's needs, family and detailed the person's likes and dislikes. Staff told us this enabled them to positively engage with people. Staff spent time talking with people and encouraged them to talk about things that were important to them. For example one person liked older television shows and their care plan advised staff to find out about the people the person spoke about so they could engage with them. Daily records were maintained and demonstrated how people were being supported.

People's bedrooms were individualised and reflected people's preferences and choices. Every room was decorated differently and people who were able told us they had picked the colours for their room. We saw rooms with ceiling hoists to enable people to be moved safely. People who tired easily were enabled to have bed rest in the afternoon and some liked to listen to music and others had sensory lights on which helped them relax. All the staff we spoke with said they felt that people were well cared for in this home. They said that they worked as a team and they enjoyed supporting people.

Is the service responsive?

Our findings

At our previous inspection in June 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a lack of personalised, accurate and up to date records for people together with a lack of management oversight meant that the service was not demonstrably responsive to changes in recorded needs and risks. At this inspection we found the provider had taken action and there was no longer a breach of this regulation. The registered manager was new to the service having started in August 2016. In that time they had reviewed all the care plans and continued to monitor them. They were in the process of transferring the records onto an electronic system, any paper records had been amended manually in the meantime to reflect current needs.

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information from about people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences.

In addition to care plans, each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing, for example food and fluid records. There was also a document to be used when someone went to hospital which would give hospital staff clear instructions on how to care for someone including how they would indicate pain.

The service worked well with health care and other services so that people had the benefit of specialist advice which was incorporated into their care plans. Staff were responsive to people's needs for both their physical and mental well-being. They also ensured that where needed an advocate was requested to help an individual express their choices and needs. For example the registered manager told us they had found that one person who was under a Deprivation of Liberty Safeguard had no-one to speak on their behalf, they had therefore arranged to have an advocate visit the person which they did regularly.

Relatives were asked their views about the care and support their family members received through questionnaires. This has led to support from the family in obtaining a new wheelchair for a person. Relatives and friends were encouraged and welcome to visit at any time announced or unannounced.

The provider held service user forums, these are meetings where a service user representative attends from each home in the organisation and raises concerns and ideas regarding the running of the company. The information from these meetings was fed back to senior management.

Where people did not have regular family contact there was advocacy involvement.

Coffee afternoons were arranged which family members attended. People were supported by staff to go out with their family if that was needed. Staff took one person regularly to spend time with their friend who lives in another home. People from other homes belonging to the provider came for lunch and to socialize. Other activities were available for people such as outings, day services and shopping, in addition to activities in the home. Some people had sensory equipment such as lights in their rooms, others liked to watch films and

spend time with staff. On the day of the inspection three people were taken to an Italian party being held at a local centre. They were every excited at the thought of seeing people they knew and liked.

Staff were responsive to people's communication styles. They gave people information and choices in ways that they could understand. They used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had a keyworker whose role was to support that person to stay healthy; they were also responsible for updating the registered manager on any changes in the person's needs.

The provider offered an on call system which all staff in the services they provided could use for support when the local manager was unavailable.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. The manager showed us the complaints record and none had been made since our last inspection.

Is the service well-led?

Our findings

At our previous inspection in June 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that whilst there was a monitoring tool and an audit system in place there were concerns about poor record keeping and a lack of review of care and risk records which had not been identified. At this inspection we found the provider had taken action and there was no longer a breach of this regulation. The registered manager told us the audits were carried out by them and their line manager. They shared that whilst the provider was restructuring, their line managers were supporting services with no registered manager and therefore the senior managers had not carried out their audits in line with the provider's policy.

We received information from the provider about the restructuring and that once this was in place the line manager's audits would recommence. We did see that the registered manager was undertaking checks on records and these included medicine records, care records and daily notes.

We saw samples of provider audits that had taken place, for example in January 2017. It showed what areas had been looked at; these were: fire log book, PAT (appliance) testing, food hygiene, COSHH (management of items used to clean the home), infection control and minutes of meetings with people living at the home. As a result of the audit further actions had been requested for example; "Lock to be resourced and fitted for COSHH cupboard on the ground floor." We saw that this had been done.

The staff team had changed following our last inspection with some staff new to caring and others having been moved from other services belonging to the provider. All staff we spoke with were complimentary about the registered manager and other team members. There were three senior staff/team leaders, two for days and one for nights. We met two of them at the inspection. The night staff team leader 'popped' into the home on their way to training. They told us about their role supporting the night staff and the registered manager. The team leader on one of the day shift teams was new to the service last year, they told us they felt the teams worked well and the senior staff communicated with each other to help ensure continuity of care for people.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practice issues, updates on people and training. Staff were clear about their roles and responsibilities.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection.