Dolphin Homes Limited

Orchard Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 13 June 2016 and was unannounced. The home was previously inspected in June 2014, where no breaches or legal requirements were identified.

Orchard Lodge is a care home that does not provide nursing. It provides support for up to six people, with learning and physical disabilities and behaviour which challenges. At the time of our inspection there were five people living at the home. Orchard Road where the home is situated is a quiet residential road near Havant town centre.

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.

Risk associated with people's needs had not always been assessed and plans had not always been developed. Some care plans were generic and not personalised.

People told us, and our observations indicated, that they enjoyed living at the home. Staff understood people's needs and preferences well. Whilst staff knew people well, it was not possible to see how staff had involved people and/or their relatives in looking at their support needs and risks associated with those needs. We have made a recommendation about this.

Observations demonstrated people's consent was sought before staff provided support. Staff and the manager demonstrated a good understanding of the Mental Capacity Act 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made applications for people and there were two authorised DoLS in place.

We found that staff received a good level of training; the provider's own records evidenced this, as did our observations and the staff we spoke with.

Staff demonstrated a good understanding of safeguarding people at risk. They were confident any concerns raised would be acted upon by management and knew what action to take if they were not.

Medicines were mostly managed safely, with some record keeping issues around creams and lotions. We have made a recommendation about this.

Recruitment checks had been carried out and staff received an induction when they first started work which helped them to understand their roles and responsibilities. It was not clear whether the provider ensured there were enough staff to meet people's needs as staffing was variable.

People and their relatives knew how to make a complaint and these were managed in line with the provider's policy. Meetings were held weekly to gather people's views and surveys were sent out yearly to assess and monitor the quality of the service.

There were systems in place to ensure people's safety by monitoring the service provided however they were not fully effective and had not recognised all the issues we found.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks regarding individuals care had not always been identified and assessments were not always in place

Staff did not always have the information they needed to keep people safe from the risks of harm.

Medicines were not always managed safely with incorrect records for creams and we have made a recommendation about this. There were assessments and procedures in place to help reduce the risk of harm people presented to themselves or others, however the majority were generic.

Safe recruitment procedures were in place.

It was not clear that staffing levels were planned to ensure the needs of people could be met at all times.

Staff had a good understanding of how to safeguard people and what action to take if they thought people were not safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were supported to understand their roles and responsibilities thorough supervision, yearly appraisals and training though formal supervision had not been regularly recorded in the past

Staff had knowledge of the Mental Capacity Act 2005 and the need for best interest's decisions to be made.

It could not be evidenced that people's personal nutritional needs were always met. Plans of care for people lacked completeness and were not always personalised.

People had access to healthcare professionals when they required this.

Is the service caring?

Good

The service was caring.

We found that staff spoke to people with warmth and respect.

Staff had a good knowledge of people's needs and preferences and were motivated to provide a caring and supportive service to people.

There was a lack of involvement from people who used the service in their care planning and we have made a recommendation about this

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff knew people well however, the planning of care was not always personalised and they did not show how people had been involved. Records with regard to people's personalised needs were not always accurate, complete or clear

A complaints procedure was in place and people and relatives knew how to use this.

Is the service well-led?

Requires Improvement

The service was not always well led.

People's records were not always accurate and complete.

Systems were in place which monitored the service however these were not always effective.

The manager encouraged staff to share concerns and make suggestions

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 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.

The inspection took place on 13 June 2016 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This Information helped us to identify and address potential areas of concern.

Before the inspection, 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.

We spoke with three people who lived at the home, two care staff, the registered manager, and the area manager. To help us understand the experience of people we spent time in the lounge with them and the staff.

We looked at three care plans and associated records. We reviewed four staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for a previous month. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Observations of interactions between people and staff showed people felt safe.

Staff knew people well, however the assessment of risk and planning of care to implement measures to reduce such risks, was generic in some of the care plans we looked at and did not include assessment of all relevant risks. For example the risk assessments associated with consent and choices were the same for two people. Another person was prescribed Warfarin (a blood thinner); however there was no record of this in their care plans and no instruction to staff as to the risk associated with this medicine for this person.

We saw on another person's care file information from a local NHS Trust on safe bathing and showering for people with epilepsy. We could find no information that indicated that the person had epilepsy. The registered manager told that they had had seizures in the past but had not had one for years. There was no record of this in their care plans and no instruction to staff as to the risk associated with this.

We discussed this with the area manager at the time and showed them that care plans and risk assessments were not personalised and did not clearly contain correct information about people's risks and needs. This meant that people may not receive care that helped prevent or lessen risks for them as individuals.

Staff had a good understanding of safeguarding adults at risk. They were able to identify the correct procedures to follow should they suspect abuse had taken place. The manager told us there was a safeguarding issue open at present following missing monies. The provider had taken action by reviewing their policy.
Staff confirmed that any incidents or behaviours which challenged regarding people would be recorded.

The turnover of staff in the last few months had increased with staff from both day and night shifts having left. The manager told us that two senior members of staff had left or had gone on long term leave in last few months. They had recruited to the night care posts and felt the night staff group was "stable now." There was no dependency tool used to establish staffing levels however, rotas showed there were between four and eight staff on duty during the day with hours ranging between 7am and 8pm and there were two staff working at night. We asked staff if they felt there were enough staff to support people, they told us yes most of the time. On the day we visited we were told there was an extra member of staff available from an agency and they were rostered to work between 7am and 7pm as two people had recently been given allocated hours of support by the local authority.

Recruitment records had applications, references and evidence of training. There were no Disclosure and Barring Service checks (DBS) kept at the home; the area manager brought them over to the home from the provider's head office. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The area manager told us the recruitment process regarding records had been reviewed following an inspection at another of the provider's homes where there had been concerns raised about recruitment

records.

The service tried to use consistent agency staff as they knew the people who lived at the home and the other members of staff. However this was not always possible. Agency staff on the day of the inspection were able to tell us about all the people who lived there, their needs and what they liked to do. They told us that their training was provided by their employer and they update this yearly. A profile of their training and skills is provided to Dolphin Homes.

A member of staff described to us their recruitment process of completing an application; they attended a group interview of which they remarked, "I think it was to see how people got on together". During the first interview they completed an English and maths assessment. They were called back for a second interview; following their success at that interview they attended for two shadow days, completed their induction and once their DBS check was back they started work.

The manager told us that medicines had in the past been kept in a trolley attached to a wall; however this has since changed, and a space had been altered under the stairs offering a cupboard for all the medicines and records. We saw that medicine records were checked daily and there was one member of staff allocated to administer the medicines and another one to check.

We sampled medicine records for the previous month and found inconsistencies of the recording in administration of prescribed creams for people. One person's medication administration record (MAR) had missing signatures where this cream should have been applied and then signed for. A second person's cream stated it was to be used 'as directed'. The signatures on the MAR's implied it was applied twice a day, however that meant were 14 missed signatures. We asked the manager about this and they told us that the creams were kept in people's rooms where care staff would apply when needed. There had been issues of where to keep the records for staff to sign. There were body maps in place to show staff where to apply the creams that had been prescribed. Only staff that were trained and assessed as competent could administer medicines.

We recommend that the manager reviews the process for administering creams and lotions to ensure staff are aware of the directions and that they sign to say that they have administered as necessary and/or record if it was not required.

Requires Improvement

Is the service effective?

Our findings

Observations showed staff asking permission before providing support to people and they always checked people were happy with this.

The area manager sent us records to show that the yearly appraisals were planned for the month of June 2016. The area manager also sent us records of supervisions that had taken place in 2015/2016; whilst staff had received supervision they had not received it regularly in line with the provider's policy of every six to eight weeks.

One member of staff told us that they had already previously completed their NVQ2 (National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training) and had completed their Care Certificate since starting at work at Orchard Lodge. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people the confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We saw two other Care Certificate files for two other members of staff. We saw they had completed training in PROACT SCIPr (a safe way of assisting people when they become upset or angry), moving and handling and been assessed as competent by the provider's trainers to administer medicines. Other training records showed that all staff had undertaken this training as well. We saw that training was planned on the 15 June 2016 for fire safety, food hygiene on 16 June 2016, epilepsy on 22 June 2016 and Autism awareness on 8 July 2016. This meant that staff were receiving training to assist them in meeting people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. Staff were able to describe the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They described the purpose of the Act to us and its potential impact on the people they were caring for.

We were concerned to see a comment in the behaviour management plan for a person to help them to manage their behaviour which implied limiting fluids; "Doesn't like to wait, if asks for a cup of coffee staff need to listen. It may not be [name] time to have a cup of coffee because [name] has just had one." Although the person chose to have coffee staff did try and encourage other types of fluid.

Observations throughout the inspection showed staff sought people's consent before acting. We saw how staff respected people's right to make their own decisions. For example, one person who was choosing not to eat was being offered build up drinks and other fluids, as well as encouraging them to eat.

One person's consent to care and treatment record had been signed by their relative who has enduring power of attorney; one item was listed as essential which was the 'shaving of their facial hair.' However staff had respected the person's choice as when we met the person they had facial hair and said they liked it. We saw that the person did not always fully understand risks to their wellbeing due to their mental health impairment. The action for staff was to usual visual prompts and information and a mental capacity assessment was to be completed by staff as necessary.

We spoke with the area manager about Deprivation of Liberty Safeguards (DoLS). There were aware of the people who had an authorised DoLS and those where an application had been made. They understood their role and responsibility in this.

All the people had care plans in place regarding nutrition and hydration. They detailed their needs and any risks associated with their nutritional intake.

Where required, charts were in place to monitor people's fluid intake, however there was not always guidance about what a person's ideal intake should be. Where one person's plan detailed what the person should be having to help prevent a health condition, the monitoring chart did not reflect they were provided this and there was no record of any evaluation of this and planned action.

People had health care files where records of other professionals input was recorded. We saw evidence of input from tissue viability nurses, GP's, physiotherapy, dieticians, dentists, opticians and chiropody as needed. Whilst people had access to a range of healthcare professionals records were not always kept of appointments, and any advice that had been given had not always informed the need to update the care plans. For example where staff had identified concerns regarding peoples weight, referrals were made to the speech and language therapist (SALT). Where plans gave guidance about the level of risk for a person's nutrition and how frequent this was to be monitored ,we saw for three of the five people living at the home this was not being carried out in practice consistently and there was no clear explanation as to why.

There was a lack of thoroughness in updating 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. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service caring?

Our findings

We observed staff encouraging people to drink and eat some lunch. Some people were prescribed a build-up drink. People were enabled to go outside and we saw two people accessing the garden. Staff told us that one person's wheel chair had been altered to a slower speed to enable the person to have better control.

Health professionals such as GP's, nurses and a physiotherapist had worked together to enable people's mobility. One person told us staff said "No" to their going out, we asked if that was because of their health condition and they replied "So they tell me." However, when we looked at their activities record we saw they had been out with staff support.

We saw that most staff addressed people with warmth and kindness, and understood people's needs well. Whilst staff were kind they did not always consistently respect people's dignity. For example, when we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. However, on one occasion a member of staff asked a person quite loudly in front of us and others to go with them for a "pad change", and then rephrased it to asking them if they wanted to go to the toilet.

On a second occasion a member of staff asked one person if they would like to watch a film. They were offered a choice by staff. However none of the staff on duty could work the DVD player. No one told the person that the film they had chosen could not be played and the person wandered between the kitchen, garden and lounge during the afternoon.

However, we also observed positive caring approaches by staff towards people. We saw a member of staff speaking with one person and they got down on their knees in front of them so they could see each other. They spoke kindly and with smiles, this engaged the person in the conversation. This person had some special interests which staff engaged with them about. At lunch time another member of staff brought the person their lunch which the person refused. The member of staff who had been talking to them encouraged them successfully to eat by using their special interest to positively engage them in eating.

We asked the staff about people's personal histories and preferences. They could describe in detail their knowledge about these areas. People supported at Orchard Lodge had very specific preferences, and staff demonstrated their knowledge of this when supporting the person in a way which met their needs.

People's bedrooms had been personalised for that individual involving them and their family. There was appropriate equipment such as a ceiling hoist in one person's room and a shower trolley for the two people who needed help with moving and bathing. Most people had a specialist profile bed and these had padded bedrails to help keep them safe. Two people were encouraged to bring their washing to the laundry and they helped with loading the machines. There were sensory squares on the wall in the downstairs area.

We looked at three people's care records which included a folder of their support plans, another which contained information and support plans on their health needs, and a a third file with monitoring records in

it such as weight charts and a diary which was used to record activities during the day and night. These plans, whilst detailed, were the same for each person with the exception of perhaps two or three sentences, personal to those people or specific care needs. For example staff kept records of how many times they went into one person's room to see if they were getting up. There were body maps to show any injuries. We noted, however, that there was little evidence of people being involved in their care planning. One care plan we looked at referred to the previous home the person had lived in indicating the plans had not been reviewed to reflect their move to Orchard Lodge.

We recommend the registered provider and manager seek appropriate guidance from a reputable source to ensure they are able to demonstrate people and their relatives where appropriate are actively involved in their care planning.

Requires Improvement

Is the service responsive?

Our findings

People's activities and choices were recorded on an activity chart and their diary noted what they had done. One person had expressed a wish to go out more often. Records were not always consistent about the frequency of these visits. For example, one record showed they went out twice in one day to the local art centre and for lunch, whilst the second record on the same day stated they only went out once this day, for a drive. The registered manager was not able to confirm what the person had done that day. It was unclear if this person's request had been responded to appropriately.

There was no evidence to show that the care plans had been reviewed monthly in line with the provider's policy, although the care plan review records stated this should happen. Many of the care plans and risk assessments we looked at were generic and not personalised, for example those that related to consent. There was a lack of people's involvement in the development and review of their care plans and risk assessments.

In people's health care files we saw there we records of other professionals input such as tissue viability nurses, GP's, physiotherapy, dieticians, dentists, opticians and chiropody as needed.

We noted in two people's care plan files that several care plans had been written on with updated information; these were not dated or signed so it was not possible to tell who had reviewed them and when and whether staff should be following the new guidance. We saw comments such as, 'This needs updating especially following recent events, maybe helpful to use/include SALT recommendations ???.' Risks assessments also had additional writing on them which included additional risks. The care plans we looked at were formally reviewed with a signature and date in November 2015. This meant that it was not possible to tell if these care plans had been reviewed recently.

We were concerned to see that three new members of staff had signed to say they had read these care plans and risk assessments. We discussed this with the area manager as there was a potential that people would not receive the correct care as there was typed information with the addition of handwritten and undated changes on these plans.

We asked the manager and area manager why these care plans and risk assessments had not been updated. The manager said they did not who had written these comments and surmised it had been a social worker from the local authority whilst they were away. This implied that the care plans had not been reviewed as the manager and staff were not aware of the comments.

The 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. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager explained the on call system which staff could use for support. This was the manager of the

home being available Monday 0900 to Friday till 1700 then an on call system over the weekend. The on call manager had lists of people living in the five homes run by the provider they covered, and contacts for relatives, GP's and safeguarding contacts. The expectation was they would visit each of the five homes over the weekend and on the Monday they would give each home's manager a report of any incidents.

The manager kept a log of all complaints which had been made. This included the details of the investigation and the outcome of the complaint. There was no record of any recent complaints having been made.

Requires Improvement

Is the service well-led?

Our findings

Staff we spoke with had an understanding of their role and responsibilities, and of the day to day operations of the home. They could describe the purpose of their roles. The home had a registered manager; and their line manager (the area manager) was available for support as well as carrying out monthly monitoring visits, however there were no senior staff (an established part of the staffing structure) working at the home at the time of the inspection. This meant the manager was unable to delegate certain tasks and was responsible for all management functions of the home, which included care plan reviews and updates, allocating staff to work with people assist them to appointments or go out with them, and ensuring there were enough staff available.

As the home did not have any senior staff the manager had been completing the allocation sheet in advance based on the rotas. The manager told us they had to do this in advance to make sure everything was covered. Staff were then aware of their responsibilities and roles each day. This was altered as needed for example in the case of staff sickness. The allocation sheet showed that there were three members of staff working during the day, two on long days between 7am and 7pm and one member of staff worked 8am to 4pm. However these did not match the rotas which showed there was anything between four and eight members of staff working each day.

The allocation sheet showed which member of staff was responsible for a person's care that day, who had been allocated to administer medicines and which member of staff was to check them. It showed which member of staff was cooking lunch and dinner, doing the cleaning, vehicle checks (the service owned its own transport) and which people had day services or other appointments. We noted that a fire deficiency had been found on the day of our inspection and had been reported to the head office of the provider for work to be carried out.

We saw minutes from staff meetings in September and October 2015 and January 2016; the agenda items consisted of staff discussions regarding people using the service, any changes or concerns, as well as items from the manager. For example reminders to all staff to sign policies and procedures, staff being reminded that spot checks are being carried out and that some tasks were not being completed. The follow up action from this noted was that the manager would record these in the staff supervisions. This meant the manager had a plan in place to follow through on actions. However we saw from the supervision records that staff had not had regular supervision where any concerns could be addressed in a timely manner.

Weekly meetings between staff and people consisted of people discussing the weekly menu and suggesting something they may like; this was achieved through pictures and using people's iPads. They also discussed activities, for example arts and crafts and outings.

Staff and service user surveys were carried out yearly. We saw those from 2015 as this year's had not been sent out as yet , although it was not clear what action had been taken as a result of the 2015 surveys. We did see a compliment from a family member from April 2016 that said: "Happy with the care reviewed and updates of latest activities and any issues help me feel connected to [name] and their life."

There was a quality audit system which was used within the service. It comprised of weekly checks carried out by the staff for example fire, infection control, vehicle checks, kitchen cleanliness and food safety, incident and accidents.

The quality audit system had not recognised the issues we found with the records, with many care plans and risk assessments being generalised and not person specific. There was also a lack of risk assessments for people where they had specific risk associated with their health and wellbeing. Care plans had not been updated to recognise changes in people's care and wellbeing.

In the fire safety folder there was a generalised evacuation plan, and five of the six people had a personal evacuation plan (PEEP). We brought this to the attention of the area manager and the registered manager at the time. The registered manager said it had been completed but could not find it at the time. We saw that three people had red evacuation trolleys; this is a piece of equipment that helps emergency service to assist people who have physical health needs leave the building. The missing record had not been highlighted in the regular audits.

We checked the systems in place for monitoring and reviewing behaviours, safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home's manager had access to a centralised incident monitoring system, which enabled them to spot any patterns or triggers.

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. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The accident and incident monitoring showed that these had been evaluated and they were sent to the area manager for quality assurance. They looked at them to see if there were any trends and issues and gave feedback to the manager. We saw that there was a record of the incident and any immediate action taken, for example on one day a person's medicine had been missed at night. The action at the time had been to call the GP, the action by the manager was to have three supervisions with the member of staff and they had to retrain on medicines administration. We saw evidence that accidents, incidents and near misses were looked at and any action such as training and extra checks had been put in place.

Building risk assessments included a monthly monitoring check. There was a monthly health and safety check for the building outside and one for items in the house such as fire extinguishers and, magnetic door closures. Staff told us that if there were any concerns then they contacted the provider's maintenance team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1)(a)(b)(c)(3)(b)(I) 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. Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b)(c)(e) 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. There was a lack of records for person centred care and the lack of good governance meant that the service was not responsive to changes. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.