

Livability

# Dolphin Court

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on the 29 February, 02, 03 and 15 March 2016. Breaches of legal requirements were found. We told the provider that they must meet specific legal requirements by 24 April 2016. During our focused inspection on 18 May 2016 we found that although the service needed to sustain continued improvement, they had met all the outstanding requirements and were now compliant with previously breached regulations. This report only covers our findings in relation to those requirements. You can read the report of our last comprehensive inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Dolphin Court provides personal care and accommodation for up to seventeen people who are living with a disability. The majority of people living at the service were independent and required limited support with personal care however there was a minority of individuals with more complex needs requiring more support than others.

A new manager had been appointed on 4 April 2016 and was in the process of becoming registered with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at records in respect of people's care and treatment and found that improvements had been made. Records regarding people's nutrition, weight, pressure relieving equipment and infection control were being maintained and audited.

Since our last inspection, although improvements were still ongoing systems had been put in place to support quality assurance processes and improve the care people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service demonstrated how they addressed adequate staffing levels to meet people's individual needs safely.

**Requires Improvement** ●

### Is the service effective?

Appropriate measures were being taken to protect people's rights and legislative frameworks were being adhered to i.e. Mental Capacity Act 2005.

**Good** ●

### Is the service well-led?

A manager had been appointed.

Action had been taken to develop systems to monitor and improve the quality and safety of the service. However, work was on-going to embed these processes to ensure continued improvements.

**Requires Improvement** ●

# 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.

We inspected Dolphin Court on the 18 May 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information, reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with four people, six members of staff, the deputy manager and the manager. We observed interactions between staff and people. We looked at three people's care records, risk assessments and daily records of care and support given. We also looked at documentation which demonstrated how the quality of the services provided at Dolphin Court are being monitored and assessed.

# Is the service safe?

## Our findings

During our inspection of the service in February and March 2016 we found that limited or in some instances no documentation was supplied to us to show how staffing levels were determined based on an assessment of support and care required for each service user. On 22 April 2016 the provider sent us an action plan detailing how they would address the issue.

During this inspection on 18 May 2016 we found that the provider and management within the service had assured themselves that the service were meeting people's individual needs with the correct staffing levels.

The deputy manager and manager told us that they had been involved in discussions and reviews with the provider to ascertain appropriate staffing levels. We saw documentation which had been created as a result of these reviews. The manager spoke with confidence that since the review of the funded hours and rotas, Dolphin Court had assured themselves that adequate staffing levels to meet people's individual needs were in place. We looked at staff rotas which reflected what had been determined as adequate staffing levels. Although the provision of extra staff at key times in the day did not need to be implemented, it still remained a potential consideration if changes in need were identified.

We observed that people had received personal care appropriately and according to their time preference. We saw that one person had been assisted with personal care and was ready in order to attend an appointment on time. One person told us, "I like to get up at half 8 in the morning and always have two people to help me up and when I go to bed."

We asked staff members if they felt there were enough staff members to meet people's needs. One staff member told us that they felt due to the current needs of people they had sufficient staff. Another staff member told us, "There is enough staff I don't feel particularly rushed." A driver and a lifestyle support worker had been successfully recruited which people told us they were happy about.

We were therefore assured that management had demonstrated how they ensured adequate staffing levels to meet people's individual needs safely.

# Is the service effective?

## Our findings

During our inspection of the service in February and March 2016 we found that although a need had been identified to carry out mental capacity assessments, a lack of management oversight had resulted in this legally required action not being completed. On 22 April 2016 the provider sent us an action plan detailing how they would address the issue.

During this inspection on 18 May 2016 we found that mental capacity assessments had been completed, where appropriate, with the inclusion of people's family. For example, people's capacity had been assessed for specific day to day decisions surrounding nutrition, medication and continence 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us that appropriate DoLS applications had been made and collaborative meetings with people, relatives and local authorities had been arranged in order to assure themselves, that freedom was not being inappropriately restricted. The manager also told us of plans to further staff knowledge regarding the Mental Capacity Act.

We were therefore assured that the manager had the knowledge and tools in place which supported people to make their own decisions and where people's capacity lacked, decisions were being made in their best interests.

## Is the service well-led?

### Our findings

During our inspection of the service in February and March 2016 we found a lack of leadership within the service which impacted negatively on the health and wellbeing of people and the quality of the service being provided. We also found that the provider had not ensured that audit and governance systems were being used effectively within the service to monitor, assess and continually improve the quality and safety of the service. We served a warning notice to the provider on 23 March 2016 requiring them to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, by 23 April 2016. On 22 April 2016 the provider sent us an action plan detailing how they would address the issues.

At this inspection on 18 May 2016 there was a manager in post who had been appointed in April 2016 and was currently in the process of registering with the Commission. The manager and deputy manager told us what immediate steps had been taken to address issues which had been identified. The manager also told us that the provider had recognised the importance of the findings within Dolphin Court and were being extremely supportive in order to take the necessary steps to correct identified issues.

Methods to receive feedback had been implemented by the manager and provider to evaluate and improve the service. The manager told us the importance that they placed on being open and transparent and that direct interaction had been their first method of receiving feedback since being appointed.

We saw the manager speaking with staff members and people throughout the day gaining feedback on daily activities. One staff member told us, "We have someone to go to now, it's been difficult recently and they took on the responsibility, we would've struggled without them."

A residents meeting had been held by the manager. Meeting minutes detailed discussions between the manager and people and their relatives, about the February and March 2016 report from the commission. The manager clearly outlined their vision and improvements being made to the service. People told us, "We have a new manager, they are nice." Another person told us, "We had a meeting altogether, we spoke about things would be changing for the better."

Alternative feedback methods were being developed. The provider had appointed an Engagement Officer who was in the process of gaining an independent view from people who use the service about the quality of the service being provided. Staff observation surveys were also being made available to staff for people with communication difficulties, although these had not yet been applied within Dolphin Court. Questionnaires had also been created in order to be distributed to all relevant persons involved in people's lives i.e. clinicians and relatives. The manager advised that action plans would be created from the findings of these questionnaires.

Since being appointed the manager told us they had identified a number of processes that needed improving at the service these included people's social presence within the community, communication between management and staff. In addition they were focussing on improving, existing governance systems such as supervision, training, spot checks and maintenance management.

The manager told us that immediate steps had been taken and effective systems had been put in place to monitor people's health and address issues outlined within the warning notice. Records relating to people's care had been implemented and maintained for example; nutrition, weight monitoring and pressure relieving equipment.

Daily checks of pressure relieving mattresses had been implemented. Documentation was kept in people's rooms and completed by staff daily. This ensured that the equipment consistently provided the person with the correct pressure and was not putting them at risk of obtaining further pressure sores.

People were being weighed regularly, weekly or monthly, where appropriate. We saw that people's care records contained accurate monitoring of their weight and care plans clearly stated people's needs in order for staff to take action if their needs changed. People told us they were weighed regularly; one person put his thumbs up and nodded when asked if he was weighed by staff regularly.

Nutrition and/or fluid charts had been implemented for three people. Although these charts had been created to avoid risk to people's health and well-being, they were still being developed in order to accurately monitor each person's nutritional activity. We saw people being offered a choice of food and drink.

Visual quick reference indicators had been created and displayed in the kitchen for staff to clearly understand people's specific dietary requirements. Therefore the potential risk of agency kitchen staff being misinformed of people's needs had been mitigated. The manager also told us that a permanent cook was in the process of being recruited. Four people had been referred to their GP for review of treatment for Diabetes. Care plans had been updated appropriately in order to reflect the treatment advised by the GP.

An initial thorough infection control audit had been implemented and carried out in April 2016 by the deputy manager and the provider. Actions to be carried out had been identified and completed within timeframes. The deputy manager told us that these audits would occur on a monthly basis. The environment was clean and people told us they were happy with the cleanliness of the service. We spoke to the one domestic staff who stated, "There are two of us in full time positions, I feel I have enough time to clean thoroughly."

We found that the service had implemented more robust quality assurance processes and had started to apply these to engage with people and improve the quality and safety of the service provided. These processes now needed to be imbedded and implemented consistently to ensure the manager had the appropriate oversight of the service and could address any issues as they arose.