

# Roseberry Care Centres (England) Ltd

## Dolphin View Care Home

### 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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Dolphin View Care Home is a care home providing personal and nursing care to up to 35 people. The service provides support to older people including people who live with a dementia. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found

We have made a recommendation about staffing levels being kept under review, so people receive timely and person-centred care.

We have made a recommendation about ancillary staffing levels being kept under review to ensure an appropriate standard of hygiene.

All people and relatives were complimentary about the direct care provided by staff. They trusted the staff who supported them. They said staff, although, "very busy", were kind and caring and supportive of people and their families.

We have made a recommendation to ensure people have a range of activities that were person-centred and of interest to them.

There were opportunities for staff to receive training, to give them insight into people's support needs.

People received food and drink to meet their needs. Improvements were needed to people's dining experience, to make it a sociable experience if they wished to engage and to ensure people were supported to eat.

We have made a recommendation that systems are developed to promote people's involvement in daily decision making, whatever their level of need.

Records provided guidance to ensure people received safe and consistent care and support from staff members. Systems were in place for people to receive their medicines in a safe way.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. Improvements were needed to the running of the service to ensure people were the main

focus of care delivery and they were involved in daily decision making and received person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 11 December 2018.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The service was inspected and all domains were reviewed as it has not been previously rated. It was prompted in part due to concerns received about staffing and people's care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Dolphin View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Dolphin View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dolphin View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The start of the inspection was announced and the site visit was unannounced.

We gave a short period notice at the start of the inspection, which was carried out remotely, so the registered manager could send the required records.

Inspection activity started remotely off site on 13 April 2022 and a site visit took place on 27 April 2022. The inspection ended on 17 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

During the inspection we communicated with 10 people who used the service and 12 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 11 members of staff including the Nominated individual, the nominated individual is responsible for supervising the management of the service on behalf of the provider, the registered manager, operations manager, deputy home manager, registered nurse, one senior support worker who had received training to carry out some nursing tasks, three support workers, the cook and domestic. We received feedback from seven health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were insufficient staff to support people in a timely and person-centred way.
- On the day of the site visit, we observed there were insufficient staff to provide timely and person-centred care to people. We were told by the registered manager there had been unexpected staff absence on the day, contingency arrangements were made to manage the shortfall, but they were not fully effective to ensure people received timely and person-centred care. People's feedback and concerns received before the inspection maintained there were low staffing levels and staff deployment at other times. Several relatives' comments referred to insufficient staff, "The staffing of the home is poor", "[Name] has to wait a while, they can get frustrated" and "The care staff appear to be overwhelmed. I worry that there are not enough staff."
- Due to the levels of support now required for people, staffing levels and staff deployment needed re-arranging to ensure people were cared for in a timely way and person-centred way. We were told by the Nominated individual this would be addressed immediately.

We recommend the provider continues to keep staffing levels under review to ensure people receive timely and appropriate care.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

### Preventing and controlling infection

- The home was not maintained in a clean and tidy manner.
- There was an odour in areas of the building and carpets in some areas were marked and showing signs of wear and tear.
- We received an action plan that showed ancillary hours had been increased to address the issues and a programme of refurbishment was continuing including replacing carpets.

We recommend the provider continues to keep ancillary staffing levels under review to ensure systems are in place to maintain a clean and tidy environment.

### Visiting in care homes

- The registered manager followed government guidance with regard to visiting during the pandemic.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

#### Assessing risk, safety monitoring and management

- Systems were in place to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.

#### Using medicines safely

- Staff managed people's medicines safely.
- Medicines records were completed, and staff received training with regard to the safe handling of medicines.
- Regular checks were carried out on people's medicines.

#### Learning lessons when things go wrong

- Lessons had been learnt and some aspects of service provision had improved as a result of the learning.
- Learning had taken place as the result of a recent complaint.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs. A professional commented, "The management team seem very keen to improve and have ideas and plans to put in place to do so. They are willing to go that extra mile to ensure families and clients wishes are met."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with maintaining a balanced diet. The chef was knowledgeable about people's dietary needs. One person commented, "I get the food I want, there's more than enough. The vegetables are often over-cooked, there's always an alternative."
- Care plans and risk assessments were in place if people had nutritional needs. A relative told us, "Staff always make sure [Name] has a pureed diet and thickened drinks."
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns were noted. A relative told us, "They do check [Name] regularly because they've been losing weight."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy, social workers and the mental health team.
- Referrals were made as required to make sure people received effective and consistent care.
- There was communication between staff and visiting professionals and staff followed guidance provided to ensure people's needs were met. One professional commented, "The care provided is pro-active and I have always been informed of any changes, updates in a timely manner."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was sought in line with the MCA.
- DoLS applications were submitted and a log of submissions and authorisations was maintained and monitored.
- Mental capacity assessments and best interest decisions were appropriately made and documented. A professional commented, "The manager has offered diplomatic solutions that acknowledge and address any concerns raised by family, whilst also ensuring that the service user is at the centre of all decision making, despite their level of understanding being limited."

Adapting service, design, decoration to meet people's needs

- The building was showing signs of wear and tear. We were told a programme of refurbishment had been in progress but was halted due to the pandemic.
- We received an action plan with timescales that showed the manager and nominated individual had plans in place to accelerate the programme of refurbishment and develop the environment to meet people's needs.
- Plans were in place to ensure people's rooms were personalised in the manner of their choosing, including to bring any personal items from home.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills. A relative commented, "[Name] is well cared for. They can get anxious, staff can calm them. They deal well with the situation, they're kind to me and kind to [Name]. They seem trained."
- New staff completed an induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff members all said they were, "Well-supported" by the management team.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care was task-centred rather than person-centred. Due to staff being busy staff did not have time to spend with people. Throughout our observations people sat silently and were not engaged or stimulated. One person told us, "There is no activity coordinator, most people just sleep, so I'm left to my own devices. I'm okay with this, but the evenings sometimes seem to be very long."
- Due to staffing levels people's dignity and independence were not always respected. Feedback from relatives and people and concerns we had received maintained people did not have a bath or shower as often as they would wish. One relative commented, "There are some hygiene issues, [Name] went for weeks without a bath or shower. It's a struggle for [Name] to get one a week."
- We received comments and heard ourselves that the atmosphere was chaotic with buzzers constantly ringing and people having to wait for assistance. Several relatives told us, people became incontinent as they waited for assistance. A professional commented, "The environment can sometimes feel chaotic. The buzzer system can mean that it is very noisy, perhaps not the peaceful retreat one would hope for. The care staff appear to be overwhelmed."
- People's dining experience was not well-organised for people to enjoy a sociable experience if they wished, to engage and to ensure people were encouraged to eat. We observed the atmosphere was very quiet, people sat at separate tables and were left on their own apart from the presence of the cook who served the meal. A relative told us, "My relative didn't enjoy going to the dining room. They felt abandoned, they were left there with no glasses, nothing to read, not near a window."

Systems were not in place for people to receive person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When staff did interact with people, as they supported them, the interactions were caring and friendly. A relative told us, "The staff are all very pleasant, caring and generous, but there are not enough of them. They're run off their feet."

Supporting people to express their views and be involved in making decisions about their care

- Observations showed that people were not always offered choice and supported to express their views and to be involved in making decisions about their everyday living requirements.
- It was observed that some staff assumed people's requirements rather than asking them and offering them a choice, for example what they wanted to eat or drink.

- Information was accessible and was made available in a way to promote the involvement of the person, however this was not used on the day of inspection. This was discussed with the management team who said it was being addressed.

We recommend that the provider ensures that systems are in place for all people to be consulted and involved in decision making about their daily living requirements.

- Guidance was available in people's care plans which documented how people communicated.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not all people were supported to remain engaged and stimulated.
- There were limited activities, sensory stimulation and opportunities for engagement for people including people who lived with dementia. One relative commented, "[Name] used to do jigsaws and make biscuits, but I've not seen anything for a long time. They could do with some more to do." We discussed this with the registered manager who told us an activities person was now available to provide activities and a gardening project had started.

We recommend the provider ensures a system is in place for the provision of person-centred activities and entertainment to keep people engaged and stimulated.

- Information was available about people's hobbies and interests. A professional told us, "The home has supported one of my clients to continue their passion for art by moving them to a room with a sea view, They can continue their passion for art. [Name]'s family have noticed the improvement with their health and wellbeing."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was not always person-centred giving people choice and control as described in the report.
- People's care records were detailed and documented their history, preferences and health and mental health care needs. This information assisted new staff, who were not familiar with peoples' preferences, as they had guidance to provide appropriate care and treatment.
- People's needs were regularly reviewed and staff worked in close partnership with people, relatives and relevant professionals to make changes. A relative commented, "We had a meeting yesterday to discuss the care and support [Name] needs. A few things needing to be checked, they [management] do listen."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard. information could be made available in various formats including audio, large print or easy read format to meet individual communication needs.

#### End of life care and support

- People received end of life care and support. A relative told us, "[Name] was in hospital at Christmas and not expected to live. They went back to Dolphin View for end of life care and has recovered well."
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Where people wanted to, they were supported to develop end of life care plans so their wishes were known and could be respected. A professional commented, "On my last visit [Name] was aware they had little time left, however they made it clear they wished their remaining time was to stay in Dolphin View and not to be admitted into hospital. [Name] referred to it as home from home."

#### Improving care quality in response to complaints or concerns

- A procedure was in place to investigate and respond to complaints and concerns. People and relatives said they would speak to the registered manager if they were unhappy or concerned.
- Complaints were analysed to learn lessons and improve the quality of care received.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not always well-led.
- A quality assurance process was in place. Audits were completed to monitor service provision. However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way deficits identified at inspection including staffing levels, staff deployment, provision of person-centred care, the environment, and activities provision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were not the main focus and central to the processes of care planning, assessment and delivery of care.
- More robust systems had been introduced to ensure people received safe, effective and consistent care. However, systems were not all in place to ensure people received person-centred care.

The provider did not have effective systems in place to monitor and improve the quality of the service and ensure people received person-centred care.

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

- Records provided guidance for staff about people's care and support needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to engage with staff, people, relatives and the public. A relative told us, "The manager is approachable. I occasionally get asked for my views on the service."
- Improvements had been made to communication since the registered manager had started at the service. A professional commented, "The manager and her staff respond promptly and professionally to requests for information," concerns. They make the time to have discussions and always hold the client at the heart of what they do"
- Staff told us communication was more effective to ensure they were kept up-to-date about people's changing needs and changes being introduced into the home.

Working in partnership with others; Continuous learning and improving care

- The provider, management team and staff were improving the service for the benefit of people using it.
- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.



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
Treatment of disease, disorder or injury	The registered person did not ensure that systems were in place so that people received person-centred care that maintained their dignity and met their needs and preferences.  Regulation 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to ensure effective systems were in place to monitor the quality of care people received.  Regulation 17(1)(2)(a)(b)