

Dolphin Homes Limited

# Camberley Cottage

## 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

We carried out this unannounced inspection to Camberley Cottage on 9 March 2018. Camberley Cottage is registered to provide accommodation with personal care for up to six people with physical and learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit four people lived at the service.

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

People were supported by a sufficient number of skilled and trained staff to meet their needs. Risks to people had been identified and as such staff took appropriate steps to help mitigate any risk of harm or injury to people. Staff were aware of their responsibilities in safeguarding people from abuse and supported people to access health care professionals to ensure they remained healthy.

Staff received supervision and appraisal with their line manager to support them in their roles. Staff were knowledgeable in relation to infection control and what to do in the event of a fire. Should the service have to close there were arrangements in place to ensure people's care would not be interrupted.

People were supported to make their own decisions about their care and encouraged to be independent as much as they could. Staff had followed legal guidance in order to help ensure any restrictions to people were agreed in conjunction with those involved in the person. Staff worked with external agencies to support people and before people moved into the home their needs were assessed in order to help ensure staff could care for them in the way they needed.

People received support from staff who knew them well and positive relationships had developed. Staff treated people with kindness and were aware of their preferences. Staff demonstrated a good understanding of people's communication styles. People received the medicines prescribed to them and staff provided people with nutritious food of their choosing.

People's care records were person centred and completed in detail and people had access to a range of individual activities in line with their interests. The manager planned to develop activities further to give people additional opportunities.

People lived in an environment that was homely and adapted for their needs. The service was clean and hygienic and people had access to communal areas, a garden and their own bedrooms which were individualised.

Systems were in place to monitor the quality of the service provided and ensure continuous development. People and staff were involved in the running of the home and relatives played an active role. The service

had a new manager (herein known as the manager) who had submitted their application to register with the Care Quality Commission. The manager had a clear vision on where she wanted to develop the service and the introduction of an electronic records system and use of technology was already benefitting staff and people. Staff felt supported and valued by the management team.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Camberley Cottage

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 8 March 2018 and was unannounced. Due to the size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that the registered provider completes to give us information about the service, what they currently do and any improvements they plan to make. We reviewed the PIR to see if there were any specific areas we needed to focus on during our inspection.

As part of our inspection we spoke with three people who lived at the service and carried out some observation of the care and support provided to people living at the service. We also spoke with the manager, deputy manager and two staff members. Following the inspection we spoke with two relatives and we also received feedback from one social care professional.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

## Is the service safe?

### Our findings

People told us they felt safe living at Camberley Cottage. One person told us, "There are staff here at night so you don't have to worry." A relative said, "I feel he is safe because staff are very good."

Risks to peoples safety were assessed and action taken to minimise them. One person displayed certain behaviours when they became anxious. Their support plan was clear in what may trigger this behaviour and how staff could help prevent it. For example, staff were advised, 'do not make promises you cannot keep and reduce demands on [name] if he is feeling unwell or tired'. This same person had a sensor mat by their bed to alert staff if they got out of bed at night as they had mobility issues and may fall. During the morning staff asked one person to bring the Hoover down from their room. A second staff member said, "Don't bring it down the stairs in case you trip, put it in the lift and I'll wait down here and take it out."

Staff learnt from accidents and incidents. There had been a recent safeguarding incident at the service where one person was left alone whilst out in the community. At the time appropriate action was taken by management in relation to the staff member involved. Following this the incident was discussed in a staff meeting and used for reflective practice. One person had slipped from their bed during the night and as a result staff had removed the castors from their bed as they realised this had contributed to the person's fall. Accidents and incidents contained sufficient information to identify what had happened and what action staff had taken. These were then reviewed by the manager and they recorded any additional actions they had taken. Such as in the case of one person who became distressed due to a visitor entering the house from the back door. The manager had noted they had reminded staff to encourage all visitors to use the front door.

People lived in an environment that was suitable for their needs. The premises were uncluttered and fully accessible for people. We noted everywhere was clean, tidy and hygienic and staff were aware of their role in meeting infection control standards. A staff member told us, "Hand washing is very important. We need to do it between clients, after tasks and before cooking. When carrying out personal care we use gloves and aprons. When we are preparing food we wash down all the surfaces and make sure the area is clean. We use different colour coded mops for the kitchen, bathroom and communal areas."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Guidance regarding reporting procedures were available to staff. One staff member told us, "I can tell you categorically I have absolutely no concerns about this place." We noted that the service had worked with the local authority in relation to the recent safeguarding concern and in turn had submitted a notification to CQC.

People received their medicines in line with prescription guidelines. Medicines were securely stored in a trolley. Each person had a Medicines Administration Record (MAR chart) in place which detailed prescribed medicines, a photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as needed' medicines (PRN). Medicines

audits had found no discrepancies in the tallying of stocks of medicines and this was reflected in our findings during the inspection.

Sufficient staff were deployed to meet people's needs. We observed that staff were available to support people both at home and when going out. The manager told us that there was some agency staff used at the service although these were regular agency staff who knew people well. They also used bank staff to support people. Some people were independent so needed less staff support when going out. There was one person who required one to one support and staff told us this always happened. A relative told us they always felt there was enough staff on duty when they visited.

People's care would continue uninterrupted in the event of an emergency. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each person. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. Staff were knowledgeable in relation to fire safety. A staff member said, "If a staff member is near they would check the fire panel to see where the fire was, then we must get people out. [Name] would need prompting as she may not hear the alarm. The assembly points are at the front of the house and in the car park." One person told us, "If there is going to be a fire drill staff will warn me so I don't get a shock."

## Is the service effective?

### Our findings

Staff received the training they required to ensure they were effective in their roles. Training records showed staff had completed training in areas including mental health, health & safety, risk assessments, diet and nutrition, first aid, safeguarding and medication. In addition training specific to the needs of the people living at the service was provided which included epilepsy and autism. Staff told us the training they received gave them the competence and confidence to do their job. A staff member said, "I had a weeks' intensive training (when I started) and we have regular refresher training. The training is relevant. The most relevant is the SCIP (Strategies for Crisis Intervention and Prevention) training." SCIP is nationally recognised training for staff working with people with a learning disability.

Staff received regular supervisions and appraisal to monitor their performance and support them in their job role. This gave them the opportunity to discuss any concerns, training needs or general aspects of their role.

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 when needed. When they lack mental capacity to make 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 service had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments and best interests decisions had been completed. DoLS applications had been submitted to the local authority where restrictions were in place. One person lacked the capacity to say whether or not they wished to live at the service and as such a best interests discussion was had with the person who held deputyship for them. A staff member told us, "We must always assume people have capacity. No one here is deprived of their liberty it is more about their ability to do things safely."

People were supported to access healthcare professionals when required. The provider told us in their PIR, 'regular appointments booked with chiropodist, optician and dentist'. We found this to be the case. We read that one person had had an appointment with a hospital consultant which had resulted in a reduction of one of their medicines. Each person had a hospital passport and health action plan. These records contained useful information should a person have to spend time in hospital as well as keeping a note on healthcare professional appointments. We read people had accessed the GP, neurologist and chiropodist as well as other health care professionals. A relative told us, "They (staff) keep me informed and they are good at contacting the GP if needed. They phoned me the other day and she was going off to see the GP that afternoon."

People were supported to have a varied diet in line with their preferences. Menus were discussed with people on a weekly basis and people were involved in the shopping and meal preparation. Everyone told us



they enjoyed the food. Menus were varied and the food was home cooked. A staff member said, "It can be hard work but it is good for them to have home cooked meals." No one had any particular dietary requirements, although we did notice that one person required their food to be cut up which was confirmed to us by staff.

People lived in an environment that was adapted to suit their needs. We saw there was a lift available for people to move between floors. One person required a particular chair to enable them to get up and down more easily and this had been purchased for them. In addition a raised toilet seat had been provided for this person to assist them in this respect. This same person, who was visually impaired, had a talking wrist watch. Staff took into account people's individual limitations and as such one person had moved downstairs to a room which meant they were able to move around on one level.

Before people moved into the service their needs were assessed to help ensure staff could provide appropriate care. People's family members were invited to visit the service to help ensure they were happy with where their family member was going to live. One person had recently moved in and we read their pre-admission assessment. This was detailed and covered all aspects of their care needs. In addition, their funding authority had provided a full report for the person. We read that a review of their support plan had taken place after 28 days to see if anything needing adjusting. Another person had been to the service with a view to moving in. Visits would continue to allow them time to adjust to the move.

## Is the service caring?

### Our findings

People told us they were happy living at Camberley Cottage. One person said, "It's much better here than my last place." Another person told us, "It's nice. The staff are very friendly and it's a nice atmosphere here." A relative said, "We're very pleased. He seems happy and gets on with everyone." Another relative told us, "I am very happy with it. The staff do a great job."

We observed people and staff had developed positive relationships. A professional told us, "The service user I did visit clearly had good relationships with support workers." Some people had lived at Camberley Cottage for a number of years; however others were new to the service. There was a good atmosphere between everyone and staff demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacted positively with people and they had a good rapport. There was a 'family' feeling within the service and conversations were relaxed and easy-going. We heard one staff member regularly refer to people as, "My lovely." A staff member told us, "I read people's care plans, introduced myself to them and talked to people to get to know them." A relative said, "He loves them (staff) to bits."

People's dignity and privacy was respected. We heard staff call people using their preferred name and speaking to them in a respectful manner. Staff acknowledged people when they came into the service and took time to show an interest in them, asking them about their plans for the day or how the previous day had been for them. Prior to going out we saw staff make sure people were appropriately dressed and one staff member adjusted one person's trousers to ensure their dignity was preserved. A relative said, "They treat him very well." Another relative told us, "They very much so treat her with respect and kindness."

People were supported to maintain relationships with those important to them. We saw evidence of relative's visiting or heard how people went to stay with family members. One person was supported by staff to send emails to their family member. Another person was enabled to maintain their own personal relationship with someone who lived locally. Another person regular Skyped or Face Timed their family. A relative said, "We have him home every other weekend. We feel he has settled in to Camberley Cottage and has got everything he wants." Another relative told us, "We see her at the weekends. She doesn't want to stop long though, she always wants to get back to Camberley Cottage – that's where her peers are."

Staff demonstrated a good understanding of the way people expressed themselves and staff recognised and responded to people's individual limitations. One person was unable to communicate verbally and staff told us they used Makaton (a form of sign language) to communicate with them. A staff member told us, "She uses Makaton but she also has her own signs which we are starting to get to know. I know just by looking at her what she wants." Another person was visually impaired. We read in this person's support plan that staff should use this person's plate like a clock face to tell them what they were eating. This was confirmed by the person who told us, "Staff tell me what is on my plate before I eat it because I can't see it."

People lived in a homely environment. We saw communal areas were nicely furnished and people's rooms were individualised. The deputy manager told us a request had been submitted to refurbish the bathrooms

and this work was to commence soon. The lounge had recently been redecorated and there were displays of people's art and craft work located around the house.

People were encouraged to be independent and participate in the daily routines of the home. We saw people helping staff tidy their rooms and do the hoovering. Another person used a typewriter to type out the weekly shopping list for staff. We saw pictures of a third person assisting staff to put the shopping away and participating in some cooking. One person told us, "I am doing the cooking tonight. It is sausage and mash."

## Is the service responsive?

### Our findings

Care was person centred and individual. Support plans were completed in detail and reflected people's personalities and preferences. People's support plans included information on a person's past history, important dates for them and information that was useful to staff. A professional told us, "The care plan I looked at was very informative and at the time, up to date."

Relatives felt people received responsive care. One relative had commented in feedback to the service, 'what a transformation in his appearance and attitude. Certainly a changed person for the better'. One person told us they were having Braille lessons as they had a visual impairment.

Each person had a keyworker. A keyworker is a staff member who takes an holistic approach towards a person and supports them to meet goals or provides them with support if they have any concerns. We read monthly keyworker meetings were held with people. These recorded what people had done and any goals they wished to achieve in the next four weeks. We noted one person had asked for a bus pass and there was a photograph of them at the library receiving it in their next keyworker meeting notes. The provider told us in their PIR they planned that, 'keyworker meetings need to be more structured and plan to have essential life style planning and records of monthly meetings for each service user in the home with the use of pictures etc'.

People had access to a range of activities in line with their interests. The manager told us this was an area the service was continuing to develop. They told us that although there was plenty of choice for people, they wanted to give people the opportunity to go on holiday and access work opportunities. During the inspection we observed everyone going out for lunch followed by bowling. We reviewed a book that had been started by the deputy manager which contained pictures of people participating in activities. Pictures showed people having their nails done, dancing, doing arts and crafts and carrying out household tasks. A relative told us, "There is enough going on for him. He goes out and staff do a lot with him." Another relative said, "The best thing is they keep her occupied. She is always off out somewhere."

Daily records reflected how people spent their time. We saw people went to a drop in centre during the week, attended a Rockband session, and went to the gym, library, cinema and a pirate party. One person had a specific interest in the fire brigade and we saw their room had several models of fire engines. They told us they had visited a lot of the fire stations around the South East and as such we read in their support plan they had the Freedom of the London fire stations. This same person had an interest in gardening and they had re-potted a large indoors plant for everyone. The manager said that this person would be helping the gardener get the hanging baskets and beds ready for spring. A second person told us they volunteered at a local car museum and they were hoping to find further voluntary work. A professional told us, "There was a weekly timetable up on the wall on a chalkboard which the service users can add to or take from which I felt was a good visual aid for service users."

There was a complaints policy in place. This was written in a way suitable for people's needs. We saw three versions of the policy, one in word format, one in pictorial format and a third written in braille for one person

who was registered blind. Records showed that one complaint had been received since our last inspection. We read that this complaint had been discussed with the complainant and as such had been resolved. One person told us, "I talk to [manager] and [deputy manager] all the time. If I had any concerns I would talk to them." Another person said, "I would speak to [staff name]." A relative told us, "I have no complaints."

We read a number of compliments received by the service. These included, 'Smart appearance, confident and happy' and, 'thank you for the care you take of my number one son'.

## Is the service well-led?

### Our findings

There was a manager in post who had submitted their application to register with the Care Quality Commission. The manager had had a long involvement with the service as they had managed it previously. A staff member said, "[Name] is a good manager. We are really good as a staff team." Another staff member told us, "I can sit and talk to the manager. I feel listened to and I want to say valued. I've been made to feel part of a team." A relative said, "She seems very approachable and she is very polite." Another relative told us, "She (the manager) seems to be having an impact already – for the better."

There was a positive, person centred culture within the service. There was a clear management structure and staff were encouraged to progress with their own professional development. One staff member told us they were doing their care certificate (a set of nationally recognised modules in care). When we arrived the manager was not at the service. However, we found the deputy manager and staff were very competent and supported us with our inspection until the manager arrived. It was clear they were confident to take a lead role when needed. Staff communicated with each other all the time and one staff member said to us, "There is a good culture between us as a team."

Staff continuously looked for ways to improve the service for people, recognising people's individual needs and preferences and the service worked proactively with other agencies. The manager told us their vision for the service was to increase people's opportunities for activities or work. They had already introduced evening activities as there had been none. They also said they would like to support people to go on holiday. One person had recently been supported to visit their family for the weekend, which had not happened for a while and the manager said they wanted this to become a regular thing. The service worked with external agencies such as the local authority in relation to safeguarding concerns as well as other professionals in relation to people's care needs. For example, in relation to one person and a review of their medicines.

Technology was being used to improve the service. A PASS system had been introduced. This was an electronic care record system which recorded tasks which should be undertaken by staff. If any task was missed an alert was sent to the manager. This meant they could ensure people were receiving the care they should expect. In turn there was a medicines management module within the system and once this was up and running this would remind staff when medicines needed to be administered and again alert the manager if a medicine had been missed.

People were encouraged to be involved in the running of the service. We read in the provider's PIR they told us, 'surveys are carried out to find out how the service is running and input from these is used to improve communication and how the service is led'. We saw evidence of this. House meetings were held where people discussed their food choices, activities and any suggestions they had in relation to both. One person told us they could speak up in the meetings and said, "We talk about the meals then." People were encouraged to complete surveys on the quality of care they received as well as the food. We saw positive comments were received and people either felt the service was, 'very good' or 'good'.

Regular team meetings were held and we saw from the notes from these meetings that staff discussed all

aspects of the service and people's needs. This included a general update, reflective discussion on any safeguarding alerts, accidents or incidents, activities for people, staffing and medicines. We noted that the meeting in January alerted staff to a new diabetes policy which had been introduced by the provider. We found the policy and saw that staff had signed to say they had read it.

Regular audits and checks were completed to monitor the quality of the service provided. Records showed that health and safety audits were completed which covered all aspects of the premises. Water checks were undertaken to help avoid the risk of Legionella at the service. We saw evidence that the gas supply had been checked and electrical equipment tested for safety. The provider and area manager carried out audits and issued 'non-compliance' notifications to the manager. These in turn were checked at the next audit for compliance. We noted that in January 2018 the service had met their non-compliance in relation to water temperatures not being taken, PRN (as needed) protocols missing for people and medicines temperatures not being taken.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. We read the safeguarding and accident and incident reports and noted that the provider had notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.