Dolphin Homes Limited

Brendon Lodge

Inspection report

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Date of inspection visit:
24 October 2016

Date of publication:
11 January 2017

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

The inspection took place on the 24 October 2016 and was unannounced.

Brendon Lodge provides care and accommodation for up to nine people. On the day of the inspection nine people were living in the home, six in the main house and three in the bungalow in the grounds. The service provides care for people with learning and or a physical disability and autism.

At the time of our inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided good care and support to people allowing them to lead fulfilled and meaningful lives. Relatives said they felt people were safe and well cared for.

The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with. Relatives were welcomed into the home and had clearly formed positive and trusting relationships with the staff team.

There was a positive culture within the service. Staff had a good understanding of people's needs and spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. Staff were well trained and aspects of training were used regularly when planning care and supporting people with their needs and lifestyle choices.

People were supported by staff who had a good understanding of how to keep them safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

Staff encouraged people to be independent and promoted people's choice and freedom. People moved freely around the building and its grounds as they chose.

Care records were detailed. They contained detailed personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe.

People were supported to take part in a range of activities both inside and outside in the community.

Activities were meaningful and reflected people's interests and hobbies.

People had their medicines managed safely.

People were supported to maintain good health through regular access to health and social care professionals, such as GPs and speech and language therapists.
People's dietary needs and any risks were understood and met by the staff team.

The manager and most staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported where possible to make everyday choices such as what they wanted to wear, eat and how to spend their time. The manager was aware of the correct procedures to follow when people did not have the capacity to make decisions for themselves and if safeguards were required, which could restrict them of their freedom and liberty.

Staff described the management as supportive and approachable. Staff were well supported through induction and on-going training.

The service had an open door policy. Relatives were always welcomed and people were supported to maintain relationships with those who mattered to them. People's relatives and health and social care opinions were sought and there were quality assurance systems in place that monitored people's satisfaction with the service. Some records and procedures associated with quality assurance needed to be reviewed and improved and we have made a recommendation about this.

Audits were carried out and investigations following incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet.

People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people. People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

People were supported to maintain contact with family and people who mattered to them.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed.

People were regularly involved in these reviews.

Complaints had been received and dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

There was a positive culture within the service.

The registered manager provided good leadership.

There were systems in place to assess and monitor the quality and safety of the service. The quality assurance system operated to help develop and drive improvement. We have made a recommendation about some aspects of quality audits.

Brendon 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.'

This inspection took place on the 24 October 2016 and was unannounced. Two inspectors undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

Some people who lived at the home had limited verbal communication, and were therefore unable to tell us about their experiences of living at the home or about the care they received. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team. We spoke with three people who lived at the home.

The registered manager was available throughout the inspection. As well as the registered manager, and operations manager, we also spoke with four members of the staff team and two relatives. We looked at the records of three people who lived in the home and sampled a fourth. These included, support plans, risk assessments, health records and daily monitoring reports. We also looked at some policies and procedures associated with the running of the service and other records including recruitment, incident reports, quality audits and medicines records.

Following the inspection we asked the registered manager to send us further information regarding training,

policies and quality assurance. We received this.

Good

Is the service safe?

Our findings

Relatives said they felt people were safe and well looked after at Brendon Lodge. They said although their relative was happy to go home for visits they were also always happy to return to Brendon Lodge. They felt this was a good sign and indicated they felt happy and safe where they lived. From our observations of the interaction between staff and the people living at Brendon Lodge, people appeared to feel comfortable with the staff.

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in safeguarding adults and this training was regularly updated. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training programme. Staff said they believed reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff accurately talked through the action they would take to protect people if they identified or suspected potential abuse had taken place. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately by the provider.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and staff supporting them. This included environmental risks as well as risks associated with people's support needs and lifestyle choices. Assessments detailed the action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising people's rights and independence.

Risks associated with people's mental health conditions had been identified and care plans in place reflected the actions staff should take to reduce these risks. For people who displayed behaviours that might present a risk to themselves or others, the behaviours and triggers to these had been identified. Staff had a very good understanding of people's needs and the risks associated with these behaviours. For example, for one person who could display aggressive or challenging behaviour towards others, staff were able to give us clear information on how they supported this person to maintain their safety and that of others. They told us how they supported people to remain calm, access other areas of the home and express their concerns, or provided one to one support to maintain people's safety. Staff talked positively about their work and comments included, "It's a good place to work, the team are committed to meeting the needs of the people who live here".

Staff were aware of potential risks to people in the kitchen area, but also recognised the importance of people being able to use this part of the home to spend time with staff preparing meals and enjoying sensory experiences such as smell and touch. They ensured people were safe when helping to prepare meals or drinks.

Accidents and incidents were recorded and investigated to help prevent reoccurrence. For example people's behavioural incidents outside the home were looked at to see how external activities could be safe and enjoyed by all through good rapport and knowledge of people by staff that helped manage risk.

People's needs were considered in the event of a fire. People had personal evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe and fit for purpose.

There were sufficient staff numbers to meet people's needs safely. The registered manager had systems in place, which were flexible to ensure safe staffing levels were maintained in line with people's needs. Staff told us there were enough staff for them to meet people's needs safely. Comments included, "There are always enough staff on duty to keep people safe" and "Staffing levels are safe and there are also enough staff to be responsive and to take people out when they ask". We saw there were enough staff to support people in different areas of the home and to respond to individual needs and requests as they were made.

We saw staff records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Whilst most information was included in the staff files we saw that they were not set out in a format that matched the interview process. There were also items missing such as the notes from the second interview conducted by the provider as part of the final selection process. The manager undertook to have copies sent from the head office to then be kept at the home. We also saw on one of the four files we looked at, there were only two references. The provider's recruitment policy stated that three were needed. We discussed this with both the manager and the operations manager. The manager told us that two references are the minimum although the provider looks for three. They felt that on this occasion the two references were sufficient to offer the member of staff the position.

People's medicines were managed safely and given to people as prescribed. Staff were trained and confirmed they understood the importance of safe administration of medicines. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred. Medicines administration records (MAR) were in place and had been completed as required.

Medicines were locked away; temperatures had been checked and were within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines. The provider had introduced an audit record for the checker (a member of staff completed a check of the MAR to ensure it had been signed). We did note that in three examples of medicine records we looked at staff had not always completed the check form to ensure that all medicines had been given and signed for. The MAR however were all completed.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given. We noted that there were protocols missing for two items on one person's medicine records, this was raised with the manager at the time who said this would be amended. The manager told us that these two items were no longer being administered and they should have been removed from the medicine records.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. There was an emphasis on training and continuing professional development throughout the staff team. Staff felt they had a good knowledge of people's needs and were particularly skilled in understanding and managing people's behaviours.

Staff told us they had received training that was appropriate to the people they cared for, such as NVQ's (National Vocational Qualifications) in health and social care. The Care Certificate had been introduced for staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

In addition to required training such as health and safety and safeguarding adults, staff also had the opportunity to undertake additional training in relation to the specific needs of people they supported. Staff said training was of a good standard and relevant to their role. Comments included, "The training has improved, is specific and relevant to people's needs" and "autism training was good and really made us think". A relative commented that they felt staff were very well informed about autism and the needs of individuals in the home.

The registered manager had a training plan in place, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required. Training was provided in a variety of methods for example, face to face and by computer based learning.

Supervision was provided on a regular basis, but not always in line with the provider's policy of every eight weeks. Team meetings were held amongst the team that worked together regularly to discuss any issues. We were told one had been held recently and it had helped to talk things through. Staff said they felt well supported by their colleagues and management. Comments included, "The support is good, I like working in a team". This meant although staff did not receive regular supervision in line with the provider's policy they felt well supported. The manager told us that the provider was discussing supervision and appraisals with the registered managers and were rewriting their policy on the regularity of support for staff.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. Records showed where DoLS applications had been made and any authorised, they had been kept under review to help ensure they remained appropriate. The manager had correspondence from the local authority stating there was a waiting list for some DoLS applications.

The training plan showed tall staff had undertaken training with the MCA 2005 and DoLS. However one member of staff was not able to tell us how the act was relevant to their role or to readily discuss the key principles. We discussed this with the manager who said they would discuss how to follow up staff training to ensure staff awareness, with the provider and other registered managers. This meant the manager was responsive to feedback and how they would ensure that staff had absorbed information from their training. They told us they had no concerns about the member of staff who was able to tell them in an informal way about the MCA and DoLS.

Records confirmed staff considered people's capacity to make decisions. Records also confirmed when best interest discussions and meetings had been held, to support a person who had been assessed as lacking the capacity to understand or make a particular decision themselves.

Staff understood the need to promote choice and to ask people's consent before providing care and support. We saw staff speaking with people as they provided support and checking if they were happy with the care being provided. Staff were supported to understand and manage people's behaviours in an appropriate and lawful way. Training was provided and guidelines were in place to help staff understand possible triggers as well as what action to take if difficult or challenging behaviour occurred. For example, one person had a plan in place to help avoid behaviours from occurring, such as ensuring they had plenty of activity and giving them clear instructions about what was happening to avoid confusion and distress.

People were supported to have a sufficient and well balanced diet. Although people had limited ability to partake in meal preparation and choices, staff still involved and included people as much as possible. Staff said people benefitted from the sensory experiences in the kitchen and at mealtimes, such as touch, smell and taste. The deputy manager was carrying out the online shopping during the inspection and involved people in choosing extra items or flavours of items they were ordering.

Staff understood any risks associated with eating, and guidelines were in place in relation to choking hazards and specialist dietary requirements. We saw meals were presented attractively and people were supported to eat independently if possible. Support plans included information about how staff should support people to have a well-balanced diet and to consider healthy eating options.

People's health needs were met. People were supported to maintain good health and when required, had access to a range of healthcare services. Support plans included detailed information about people's past and current health needs and staff were very familiar with this information. People's health needs had been documented as part of a 'Hospital Passport", which could be used should a person require an admission to hospital. Staff knew people well and were able to use this knowledge to recognise and respond to changes in people's health. Relatives said they were kept well informed of any issues concerning people's health and said the staff always acted promptly to address any concerns.

Good

Is the service caring?

Our findings

Some people had very limited verbal communication and it was therefore difficult for them to tell us if they felt well cared for by staff and the service. Although one person said they "loved" the manager. We spent time with people observing how they spent their day and the care and support being provided to them. Relatives said the staff were caring. Comments included, "The staff are wonderful, they deserve a star, all of them are great", " We are reassured by the care provided, it is a wonderful home."

We observed the atmosphere in the home was warm and welcoming. We heard people laughing and smiling and people looked comfortable and happy in their home. The home was busy on the day of the inspection and we were often told "There's someone at the door", when the doorbell rang.

The interactions between staff and people were positive. One person seemed comfortable enough with one inspector as well as the staff, to take their hand and ask them to make them a cup of tea. Another person spoke with us and asked us if a drink was required or lunch at lunch time was needed. This person requested a meeting with the manager which they arranged for after lunch, the person was able to choose the room and to ask anyone else they wanted to attend the meeting. The interactions helped create a calm and relaxed atmosphere throughout the home.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort. Staff spoke to people gently and respectfully.

People's privacy and dignity was respected. The house was large with plenty of communal and outside space. The staff said this was really important for the people in the home particularly those who wanted to spend time on their own. Staff said although people needed staff with them to help ensure their safety, they still allowed them time to be on their own and to have privacy when needed. For example, two people liked each other's company and were in the lounge enjoying a film. Staff were aware they were together and said that one often sat in the other's room on their settee giving each other company. Staff were always aware where they were and respected their friendship. Staff recognised the importance of family and friends.

People in the home had regular contact with available relatives and these arrangements were supported by the staff team. Relatives arrived at the home during the inspection. It was evident by the warm welcome they received that they were used to visiting and had built positive relationships with the staff.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. There were a range of activities offered and four people went shopping on the day of the inspection. Another person regularly went to day services. Relatives said they thought staff had a good understanding of people's individual needs, and were responsive to any advice or suggestions.

People's support plans provided staff with clear and detailed information about people's health and social care needs. The operations manager told us they were in the process of, introducing a new electronic care plan and records system across their services. They felt this would further improve the information available about people's needs, support arrangements and goals. In the meantime the manager had been updating all the care records. All but one of the care plans we looked at had been updated recently, the manager was in the process of updating one.

We viewed three people's care records and sampled a fourth. Each area of the plan described, how best to support the person, things staff needed to know and specific goals for the person concerned. For example, one plan stated the person needed support and guidance with personal care tasks, but also documented the importance of encouraging choice where possible.

People received personalised care, which was responsive to their specific needs. For example, one person used pictures and symbols to tell staff how they were feeling and to help them plan their day. Staff said this person would use the pictures to tell staff what they want or if they were feeling unwell. One member of staff said, "They will show us a picture and will put their hand on their head to tell us if they are in pain, we can then respond and give them a pain killer to help".

Systems were in place to ensure information about people's needs and support arrangements were regularly reviewed and updated. Handover meetings took place at the end of each shift so important information could be communicated and documented. With the exception of one person's care plans we sampled, support plans were reviewed at least every six months or more frequently if required. Although the written information for this person was not up to date, observations confirmed this person's needs were well known to the staff and they were supported in a personalised way.

People were supported to lead a full and active lifestyle. Relative said that people enjoyed a range of activities, comments included, "[Name] enjoys lots of different activities, they are always out and about, and they come home to stay at weekends."

People had lots of personal items in their bedrooms and around the home to occupy their time and pursue their particular interests. There was an area outside with a hot tub which staff said some people particularly enjoyed. Each person had a weekly activity plan, which included regular planned activities such as swimming, as well as other leisure activities including local walks, shopping and eating out.

The registered manager and staff checked regularly to help ensure people were happy with the care being provided. Positive relationships had been built with relatives and the registered manager spoke with them regularly and kept them appropriately informed about any important issues. A written complaints procedure was available for anyone who wanted to raise a concern about the service. This described the action the provider would take and in what timescale. There had been eight complaints in the last year many from one person's family about the same issue and we saw they had been responded to fully in a timely manner and in line with the provider's policy.

Good

Is the service well-led?

Our findings

There was a positive culture within the service. Staff spoke in a compassionate and caring way about the people they supported and celebrated people's progress and achievements. Relatives spoke highly of the service and said the registered manager provided good leadership. Comments included,
"The manager is great and easy to talk to", and "It is clear the staff are there for the people they support and that is what matters to them."

The registered manager took an active role in the running of the home and led by example. They said, "As well as being the manager I like to work with people. I enjoy spending time with the staff and people we support". There were clear lines of accountability and responsibility and staff understood their role and what was expected of them.

The registered manager maintained their own professional practice by attending training and keeping updated with relevant legislation and guidance. The Provider Information Return stated the registered manager was supported and supervised by senior management within the organisation. In addition a quality team was also available to the registered manager to assist them in their role.

Staff spoke highly about the leadership of the service and said the registered manager was very supportive, comments included, "The registered manager has a big heart so cares about people as well as being good at running the home." Throughout the inspection we saw staff smiling and looking happy as they supported people. Staff said they enjoyed working in the home and even when there were challenges and changes within the organisation they remained committed to creating a home that met people's needs and made them feel happy and safe.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information.

Information following investigations of incidents was used to aid learning and drive quality across the service. For example, incidents of behaviour had been recorded on a behaviour log sheet so any patterns could be identified and addressed. For example, the behaviour log for one person had highlighted a pattern of incidents when they went out in the community. The analysis allowed staff to consider ways of reducing the behaviours whilst still ensuring the person enjoyed the social event. For example staffing arrangements had been changed to ensure the person had a more positive experience for all concerned.

There was a quality assurance system in place to help improve the service. A number of environmental checks were completed on a daily, weekly or monthly basis, including, checks of fire equipment, vehicles, window restrictors and temperature controls. Regular surveys were undertaken, the most recent one had yet to be analysed.

The registered manager undertook spot checks of the service as well as checking if people and relatives

were happy with the care being provided. Regular audits were undertaken of people's medicines and personal finances. Some quality assurance mechanisms in the medicines checking process needed attention to ensure they were correctly and reliably completed. One person's file was in the process of being updated but contained some out of date information. Although body maps were completed for specific people and incidents, it was not always clear what follow up actions had been made. We discussed these issues with the registered manager who said they would review the examples we shared. There was no evidence of negative impact on people using the service.

We recommend the registered manager and provider review the quality assurance process with regard to auditing processes in records and take action to improve its effectiveness and timeliness.