

# Dolphin Homes Limited

# Myrtle Cottage

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

The inspection took place on 11 July 2017 and was unannounced. The inspection was carried out by one inspector.

Myrtle Cottage is a care home that provides support for six people, with a learning disability and behaviours which challenge. Myrtle Cottage is in Emsworth with access to the local community. On the day of our inspection there were five people living at the home.

There was no registered manager in post. 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 provider had not informed us that they had moved the registered manager to another location. The provider had employed a new manager who started working at the service on 10 July 2017. The new manager had been managing the home for the one day prior to the inspection and they are referred to as the manager throughout the report. They told us they would make an application to be registered once their probation period had ended.

At the last inspection in May 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the required action had been taken and there were no longer any breaches of regulation.

Staff knew how to keep people safe and had a good understanding of how to report safeguarding concerns. Safeguarding concerns had not been raised since the last inspection. People's finances were managed safely.

People told us they felt safe and happy living at the home. Risks to people's health conditions were assessed to minimise them; staff were aware of people's individual risks. People were supported by adequate numbers of staff.

People received their medicines safely and they had their nutritional and health needs met.

People's consent was sought before staff provided care.

Staff were undertaking a variety of training to meet people's needs. People were relaxed and comfortable around staff and had their dignity and privacy respected. People were supported to be as independent as possible. Where possible people had been involved in developing their care plans and were supported to follow their interests and hobbies.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback on the service both informally and formally.

Systems were in place to monitor and assess the quality of the service and records had improved.

## 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.

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs. Recruiting practices ensured that nearly all appropriate checks had been completed.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities. Staff had not always had support from a manager.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

**Is the service well-led?**

The service was not always well led.

The home had not had a manager since march 2017. There was a new manager in place. The manager understood the responsibilities of their role and of notifying the Care Quality Commission (CQC) of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

People told us they were happy with the quality of service they received.

Audit systems were in place to ensure people received a quality service.

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**Requires Improvement** 

# Myrtle 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 July 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home, we reviewed previous inspection reports and action plans from the provider. We looked at notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan our inspection.

Some people living in the home were not able to tell us what they thought of the service. We therefore observed the care provided, to help us understand their experiences. We spoke with the manager, quality assurance manager and two members of staff. We looked at the care records for two people and staffing records of one new member of staff. We saw minutes of staff meetings, policies and procedures, reports by the provider and the complaints log and records. Certain policies and audits were sent to us following the inspection. We took copies of the duty rota and the training matrix which we later reviewed.

# Is the service safe?

## Our findings

We saw that people were safe and when asked some people were able to tell us they liked living at the service. One person said, "It's brilliant."

At our inspection in May 2016 we found care and treatment to be unsafe with regards to equipment, medicines, fire safety and food. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by the end of August 2016. At this inspection we found the previous registered manager had made improvements in this area and had met the requirements of the regulation.

We found essential safety checks were conducted, for example the temperatures had been checked daily for the two medicine cupboards. The food temperature probe had been maintained and the food temperature was checked before people were given their meals. Records showed that staff had attended regular fire training.

Medicines were administered safely and there were clear protocols in place for the administration of PRN medicines [medicines which are taken as and when required]. Stock levels tallied with the medicine administration records [MAR] and medicines were disposed of according to the provider's policy. Where errors had been identified, steps were taken to address these. Staff had completed specific medicines management training. The controlled drug cupboard which was in the kitchen on the side had not been moved following the last inspection. The quality manager said they would look into this. Following the inspection we were told the cabinet has been moved.

Regular health and safety checks were carried out to help keep the building safe. These included checks of fire safety, the electrical installation, gas safety and water temperatures. There were also procedures in place to help ensure people would be kept safe in an emergency situation and continue to receive the care they needed. These had been completed even though the registered manager had left in March 2017.

People were protected from the risk of abuse. Staff we spoke with said they would report any safeguarding concerns to the manager or provider. Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available and staff knew where to locate these. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event which may have been considered abusive.

Staff we spoke with were aware of people's individual risks. For example, supporting people in the community and managing the risk of seizures. Where a potential risk had been identified, the provider carried out a risk assessment to help keep people safe. For example, if a person had a specific medical condition a risk assessment had been carried out to identify the potential hazards to the person and the measures required to minimise the risk. For other people, they may have needed extra support when out in the community to keep them safe.

Accidents and incidents had been appropriately recorded and staff had a good understanding about their responsibilities in maintaining the safety of people. We saw when incidents or accidents had occurred they had been analysed and steps taken to reduce the risk of reoccurrence. For example, looking for triggers that caused people to behave in a way that put themselves or others at risk of harm.

There were enough staff on duty to meet people's needs. Staff reported there was a consistent staff group which had a positive impact on people. Staff felt there were enough staff on duty as long as staff did not phone in sick. They advised us they supported each other and worked well as a team. Staff did not think staffing levels were unsafe; however there were less staff to support people's needs on a Tuesday. The staff managed though; for example on the day of the inspection four people went out with four staff in the morning as they only required one to one support. In the afternoon two people went out with three staff. This meant that everyone was able to go out on the bus and enjoy an activity.

The provider had a recruitment procedure in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people. When looking through one staff file there was concern there was no photograph to identify them and although there were two references on their file one was not dated. This was discussed with the senior manager who was assisting with the inspection. They advised us that the photo would be done and they would find out the date of the reference.

People's finances were managed safely. We observed staff counting monies whilst we were at the inspection. Staff explained to us the process and how they counted money after people had returned from an activity. This was checked by a second member of staff to ensure that there was the correct balance available. They were aware of the action to take should there be a shortfall.



## Is the service effective?

### Our findings

Staff felt supported in their work. One member of staff told us, "I can talk to [senior managers] about anything." Another described the support they received as "good". They said, "I can go to the head office, they are very approachable." Staff shared that although they had been without a manager since March 2017 the outgoing manager had given them guidelines on what to do to 'keep the service running' and they had been supported by senior manager's visits or by phone.

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.

Staff had knowledge of the Mental Capacity Act and were able to relate it to most practices within the home. Mental Capacity assessments had been carried out appropriately.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We could see applications had been made appropriately to the local authority when it was considered necessary to deprive a person of their liberty. People's records identified if people had been assessed to be deprived of their liberty and whether this had been granted or not.

Training records confirmed staff had received the training they needed for their role. This included training on food safety, eating and drinking, first aid, fire safety, epilepsy, autism and infection control. Staff felt there was a lot of training which they were supported to complete and attend. The manager confirmed any staff who were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in their daily working life. It aims to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff had regular one to one supervision which enabled them to discuss their role and further development up until the manager had left. We saw that the probation meeting for a new member of staff had not been completed when it was due in June 2017 as there had not been a manager in post.

The manager told us they planned to hold one to one meetings with staff to introduce them self and to arrange team meetings. Team meetings had been held regularly until the previous manager's departure in March 2017.

People chose the food they wanted for the week at a meeting and were supported by staff to assist with

food preparation if possible. Staff were aware of how people's dietary intake could impact on their health conditions and encouraged them to have healthy options. Records were maintained of people's food and fluid intake. People's weight was monitored and recorded monthly. Care plans stated what staff should do if there was a weight gain or loss in that month, for example report to the manager and GP.

People were supported to access health care when required. Records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants.

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## Is the service caring?

### Our findings

People were supported by a consistent team of staff which ensured continuity of care and enabled people to get to know the staff and build up trust. Staff were caring in their approach. Observations reflected people were comfortable and relaxed in staff's company. They engaged positively throughout our visit, laughing and joking with staff. We found the atmosphere in the service was warm and friendly.

People were asked what they wanted to do and were given choices and options about all aspects of their daily lives. Staff told us they knew people well so could tell from watching them what they wanted and what their preferences were.

Staff had a good knowledge of people and knew how to care for them. For example, one person could become distressed quickly, but staff knew the distraction techniques that were effective and activities the person enjoyed to try and help them relax. The staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy.

People were treated with dignity and respect. People's privacy was respected and they were supported to spend time in their rooms if they chose. Staff provided care in a respectful way. Staff could explain ways in which they ensured people's privacy was maintained and staff had received training in this area. Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support.

People had personalised their rooms in line with their particular likes and preferences.

All personal and confidential information was appropriately stored and only those people who were permitted to access it could. Staff encouraged people to remain independent and carry out activities of their choice. Staff used people's preferred form of address, showed them kindness, patience and respect.

## Is the service responsive?

### Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information about people's care and health needs as well as their life choices. Plans included information on maintaining people's health, likes and dislikes and their daily routines and how these should be met.

Care plans also contained information in relation to people's diagnosed conditions. For example, one person was diagnosed with autism. The person's care plan detailed how the condition impacted on the person's communication and included the person's areas of strength when communicating.

Staff were able to support people's communication as there was clear guidance in people's support plans. For example, one person did not always communicate verbally and often became frustrated. Their plan explained what staff could do to reduce their frustration and enabled them to say what they wanted.

Staff confirmed they understood people's individual skills, abilities and preferences and this enabled them to respond to their needs promptly. Staff understood what people wanted or needed and were able to make sure people could have their say. We observed staff responded to people's needs promptly and took time to make sure they understood what the person needed.

Plans included potential risks to the person and management plans were devised to minimise these risks such as, epilepsy and accessing the community. Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished.

Care plans were in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing. Care plans were regularly reviewed in consultation with the person where possible, their representatives and their key worker (a member of staff responsible for that person's care records and having a closer relationship), to ensure they were up to date and met their needs accordingly.

People were supported to go on holidays and day trips, along with more local activities. Staff told us of the plans for one person to go to a Florida theme park. We saw that people with an interest in trains had gone to the Watercress Line and that some people had gone to museums in London. With college having finished for the summer holidays staff told us they intended taking people out daily for trips or at least to participate in daily living skills such as shopping or going to the hairdressers.

There were arrangements in place to gather the views of people that lived at the home via community meetings that were held within the home. People were encouraged to attend regular meetings together to share their thoughts and views about what was happening at the home; for example, what meals they wanted and to participate in the refurbishment of a room in order for it to become a sensory room.

Staff facilitated these meetings to ensure everybody had an opportunity to discuss anything that they

wished to raise. Written minutes of the meetings were recorded so other staff could understand and if necessary act on any issues that people had brought up.

The home had a pictorial complaints procedure, which made the process more accessible to people. Complaints were logged and we saw these were responded to within the provider's 28 day timescales and were investigated by the management team.

## Is the service well-led?

### Our findings

At the time of our inspection there was no manager registered with CQC. The service was being managed by a new manager who had started work at the service the day before the inspection.

At our inspection in May 2016 we found the registered person had not ensured there were accurate records of care and had not maintained the systems to assess quality. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by the end of August 2016. At this inspection we found the previous registered manager had made improvements in this area and had met the requirements of the Regulation.

As with other services the provider operated, the care plans and risk assessments had been reviewed and updated and reviewed and moved to a new online system. We saw improvements in the care notes for each person whose records we viewed. People's personal records including medical records were up to date. Care plans and risk assessments were reviewed regularly by the senior staff or key worker. Staff records and other records relevant to the management of the service were accurate and fit for purpose. Records were kept locked away securely when not in use and were only accessible to staff. We found daily records were informative and had been completed regularly.

There was a clear management structure in place and staff knew who to go to if they had any issues or concerns. People received care from a consistent staff group which meant that people were familiar with them. Staff told us they felt supported in their role and understood their responsibilities.

Staff were aware of the provider's policies and procedures including the whistle-blowing policy. Whistle-blowing means speaking out about any concerns within an organisation.

There were systems in place to continually assess and monitor the performance of the service. They looked at areas such as the environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being addressed. In the absence of a registered manager, staff had continued with regular audits of people's medicines and personal finances to help ensure they remained safe and protected.

The provider completed checks of the service provision, however these had not taken place as regularly as the provider required due to vacancies in the senior management team. A senior member of staff visited the home regularly but they had not always carried out an audit. The operations manager at an inspection at another of the provider's locations assured us that they had recruited to the vacancies and that the new area managers would carry out regular audits in line with the provider's policy. Following the inspection a record of a recent audit was sent to us. This had taken place on 13 July 2017. We saw senior staff had spoken with staff and looked at a variety of records including care plans, medicines and finances. An action plan was in place from this audit which they said they would follow up with the new manager.

We were provided with quarterly complaints, accidents and medication incident audits for January 2017 through to the end of June 2017. We saw that the manger and the senior staff had informed the provider of any issues. The information enabled the provider to follow up any concerns and to ensure appropriate action had been taken.

The manager was aware of the legal requirements of their registration and notifying CQC about events they are required to do so by law, such as protecting people from harm. Audit systems were in place to ensure people received a quality service. The manager was aware that these needed to be completed.