

Delight Essential Services UK Limited

Dolphin Healthcare -

Wiltshire

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Dolphin Healthcare Wiltshire is service that domiciliary care agency that provides care at home to young people and adults. At the time of our inspection there were 24 people using the service.

People's experience of using the service and what we found.

Not all risks people faced had been identified, assessed or mitigated, which did not promote safety.

People were placed at increased risk of harm by care plans which lacked detail to provide guidance for staff and ensure consistent support.

The electronic recording system did not always work which meant staff could not always access information needed to support people safely.

Medicines were not always managed safely; staff were administering medicines they were not trained to administer which could place people at risk of harm. Medication records were not complete or accurate and systems had not identified this.

People were not always supported in a person-centred way; staff did not understand people's needs and did not engage well with them.

Staff were not always recruited safely, recruitment records showed that not all references were obtained and work histories were incomplete.

Governance systems were not in place or effective to keep people safe and make sure they received good care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 4 October 2023, and this is the first inspection.

Why we inspected

The inspection was prompted by concerns received about the safe provision of services. A decision was made for us to inspect the domains of safe and well led to examine those risks.

During the inspection we found there was a concern with the service, so we widened the scope of the inspection to include caring, responsive and effective.

Enforcement

We have identified breaches in relation to Regulations 9, 12 and 17 of the Health and Social Care Act 2006 (Regulated Activities) regulations 2014.

Please see the actions we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this time frame and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe

Inadequate ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service caring?

The service was not always caring

Requires Improvement ●

Is the service responsive?

The service was not always caring

Requires Improvement ●

Is the service well-led?

The service was not well-led

Inadequate ●

Dolphin Healthcare - Wiltshire

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.

Inspection team

The inspection team consisted of 3 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, during the inspection both the registered manager and the assistant manager left their posts.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service to plan our inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to 7 staff, 4 service users and 2 professionals. We reviewed medicine records, care plans, risk assessment, recruitment files, governance information and policies and procedures. We used all this information to plan our inspection.

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. The key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not safeguarded from abuse and avoidable harm.
- Systems were not in place or being followed to keep people safe from potential abuse. The provider had not reported issues of safety to the Care Quality Commission or to their local council. Incidents not reported included a staff member being threatened with violence, people experiencing falls and medicine errors. This meant that they could not be assured that people were being appropriately safeguarded.
- The provider had a Safeguarding policy, but this was not always being followed which meant people were put at avoidable risk.

We recommend that the provider ensures all staff understand their safeguarding policy and follow it appropriately when required.

- People told us that they sometimes felt safe when being supported but it depended on which carer was supporting them.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate identified risks.
- Risk assessments lacked the detail needed to ensure that staff reduced the risks for individuals. For example, one person's risk assessment in relation to a trip out with a member of staff out of working time was undated, did not identify risks and did not demonstrate ways to mitigate risks which had been recognised. This meant that people were vulnerable to avoidable risks
- Staff did not follow risk management measures to protect people from harm. For example, staff were meant to check one person regularly overnight, due their medical support needs, but no evidence to demonstrate this was happening.
- Review dates were missing from risk assessments which meant that the registered manager could not be assured that the risk was being managed safely. Risk assessments were not reviewed and updated after incidents had occurred. This meant guidance for staff could be out of date and people were at risk of harm.
- The provider could not demonstrate learnt lessons when things had gone wrong.
- The provider did not review incidents and accidents to look at lessons learnt. This meant that people were at risk of the same issues happening again.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- People were not supported to receive their medicines in a safe way.
- One person was receiving medical support from staff that had not been trained to administer this medical support. This put the person at risk of harm. We spoke to the registered manager about this, and they confirmed that this would stop immediately. They also sent a safeguarding referral to the local council at the inspector's request.
- The provider did not have an accurate record of medicines staff administered to people. There were gaps in the medicine administration record (MAR) that could not be accounted for and had not been identified by the registered manager. This meant people could have missed medication.
- One person had medicine administered by injection, there was no guidance in their care plan or medicine risk assessment about who should administer this. This put the person at risk of their medicine being administered by staff who were not trained appropriately.
- One person was being given 'as required' medicines by staff without it being recorded on a medicine administration record. This meant that they were put at risk of their medicines not being administered in a safe way.
- Medicine administration was being recorded on two different systems. This meant there was a higher risk of error occurring and not being identified.
- Some medicine audits had been completed, but due to there being two different recording systems the audits were not accurate. This meant the registered manager could not be assured medicine administration was safe.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- The provider did not always ensure there were sufficient numbers of suitable staff to support people. People told us they experienced times when staff did not complete their care visits. This meant people were put at risk of not getting their support needs met.
- The provider did not always operate safe recruitment processes. The provider had not ensured appropriate previous work references were obtained for employees before they started providing care.
- The provider could not evidence that they had seen original documentation for new staff.
- Some employee records showed employment gaps. The provider could not demonstrate that they had assured themselves of their employee's previous employment.
- This all meant that the provider could not be assured people were being supported by appropriately qualified and trained staff.
- Supervision notes were not completed in a way that enabled staff to learn and develop.

We recommend that the provider ensure their recruitment processes are brought in line with current legislation.

Preventing and controlling infection

- Staff had access to personal protective equipment and the registered manager told us that they used this during visits.

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 of this newly registered service. The key question has been rated Requires Improvement This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always assessed, care and support was not always delivered in line with current standards. People did not always achieve effective outcomes. One person told us they liked to be supported to volunteer but that the carers showed little interest in supporting this.
- People's care plans did not contain enough detail to ensure they were supported in line with their needs and wishes. One person told us that they felt support staff did not have an induction to learn how to support them.
- Staff were not using the electronic recording system the provider had and could not always access care plans and daily notes. This put people at risk of not receiving the correct support.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff told us that if they were recruited with training in health and social care, they did not have any further training from the provider. The provider could not demonstrate that they had assured themselves that the current training their employees had was adequate and that they were competent. This left people at risk of receiving a poor standard of care and left staff without the opportunity to develop skills.
- The provider had records to show that all staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, records demonstrated this was not always completed during their employment at Dolphin Healthcare Wiltshire and the provider had not assured themselves that the staff had the required competencies to perform care tasks safely.

Supporting people to eat and drink enough to maintain a balanced diet, supporting people to live healthier lives, assess health care services and support.

- People were not always supported to eat and drink enough to maintain a balanced diet. One person told us that they were not always supported to have a drink when the carer came and that some staff "just did the bare minimum."
- People were supported to access health care when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider did not ensure the service worked effectively within and across organisations to deliver

effective care, support and treatment.

- Professionals we spoke to told us that the provider failed to share information with them as requested.

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 of this newly registered service. The key question has been rated Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always well supported and treated with respect by staff.
- People told us that some staff worked in a person-centred way but that others did not support them in ways which they wanted.
- One person told us that a member of staff had fallen asleep whilst working with a relative. Another person told us "There wasn't a massive amount of engagement" from staff who worked with them. This meant that people were not receiving personalised support.
- People and their relatives told us that not all staff supported them in a way that meant they could engage in interests and hobbies. One person told us that staff would just sit watching TV and make no attempt to engage with the person.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- One person told us that since the registered manager had been in post their support had improved.

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

- People were not always supported to express their views and make decisions about their care.
- The provider could not demonstrate that they had sent any questionnaires to service users to establish their views on the service they received.
- People told us that they raised issues with the registered manager who tried to resolve them, but they felt the registered manager "didn't have support from the team behind her" to enable them to be dealt with.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were not always respected and promoted.
- One person told us that staff did not understand them as a person, that no attempt had been made to find out about them or their interests.
- Another person told us that they did not experience good support with their personal care but that they now had a different carer who was "brilliant."

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 of this newly registered service. The key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People were not always supported as individuals, or in line with their needs and preferences.
- Some people's care plans did not contain the detail needed to ensure their preferences were considered.
- One person told us that care was varied with some staff working hard to ensure preferences were listened to whilst other staff did not listen to them.

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.

- People's communication needs were not always understood and supported in line with this standard.
- People told us that at times communication was difficult with their carers, as English was not always their first language. We spoke to the registered manager about this, they acknowledged that at times communication was an issue and had taken steps to address this by partnering up carers who struggled with English with carers whose English was good. This helped with communication with people.

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

- People were not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them. This meant people did not always do activities they wanted to do.
- Other people said that some staff were engaging and would join in with people's interests such as playing cards and going out to a voluntary job.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were not always listened to, responded to, nor used to improve the quality of care. This placed people at risk of not receiving a good standard of care.
- The registered manager had been made aware by people that there were experiencing several missed appointments which there were no prior warning about. They told us they had very recently addressed this and put a system in place to ensure people received their care visits as needed. People told us since the new system had started visits were happening regularly.

End of Life Care

- There were no people being supported on end-of-life care during the inspection.

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 of this newly registered service. At this inspection the rating is Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have an effective management structure. The provider did not monitor the quality of care provided in order to drive improvements. This meant the provider did not have effective oversight of the service, they could not identify issues or rectify them.
- The provider did not have effective audits so concerns could not be identified and acted upon effectively. The registered manager had started to complete spot checks of carers, but records completed did not contain enough detail to enable learning.
- Incidents and accident reports were not reviewed by the registered manager. This meant they could not identify lessons learned and implement change.
- The service had a safeguarding raised in connection with gifts to staff by a service user. We spoke to the registered manager about the service policy relating to this, however, we were not provided with this policy. This meant that we could not assess the quality of the policies being used.
- The registered manager told us they had not received regular supervision. This meant the provider had no oversight of their working practices or to ensure these practices were in line with policies and procedures.
- Reporting systems were not in place to ensure all notifiable incidents were reported to the CQC. For example, one person had experienced a series of falls, and medicine errors had not been reported appropriately. This meant external scrutiny was unable to take place to protect people and the registered manager had not complied with their legal responsibilities to alert stakeholders appropriately.
- The registered manager had not identified staff taking service users out in their own time was putting people at avoidable risk. They reflected on this during the inspection and stated that this would not happen again.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There was not a positive and open culture at the service. The registered manager told us that staff were experiencing problems with areas of their employment but had said they were too afraid to raise these with the provider.
- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.

- Care plans were not always person centred and lacked the detail to ensure staff knew how to support people in a person-centred way.

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 provider had a policy in place to guide staff on Duty of Candour.
- People told us that the registered manager had been open and transparent with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- The provider did not always work in partnership with others, we were told by one partner that when asked for information about care and support it was not sent.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- The provider could not evidence feedback had been sought from people. This meant they could not learn from feedback to improve services.
- The registered manager had sought feedback from staff but had not got any response to the questionnaire they were given. This meant that the provider could not ensure that learning from staff experiences could be implemented.
- The registered manager told us staff were not confident to discuss concerns with them when they first took up their post. However, as they built a trusting relationship with them, they had developed in confidence about raising concerns. This meant that the registered manager felt they were beginning to learn from good and bad practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The service was not supporting people in a person-centred way

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The service was not safe

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service did not have good governance

The enforcement action we took:

Warning notice