

Lancashire County Council

Dolphinlee House Home for Older People

Inspection report

Patterdale Road
Ridge Estate
Lancaster
Lancashire
LA1 3LZ

Tel: 0152437685

Website: www.lancashire.gov.uk

Date of inspection visit:

14 May 2018

15 May 2018

Date of publication:

02 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Dolphinlee House Home for Older People was inspected on the 14 and 15 May 2018 and the first day of the inspection was unannounced. Dolphinlee House Home for Older People is registered to provide personal care for up to 46 older people who require support with personal care. At the time of the inspection there were 40 people receiving support.

Dolphinlee House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dolphinlee House is situated in a residential area of Lancaster called Ridge Estate. The home is divided into four separate areas. Two providing rehabilitation care, one providing residential care and one providing residential care for people who may be living with dementia. There are a range of aids and adaptations in place to meet the needs of people using the service.

At our last inspection in March 2017 the service was rated as good. At this inspection we found documentation was not consistently reflective of people's needs. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Prior to the inspection concluding we were informed the records had been updated.

We observed medicines being administered and saw this was carried out in a safe way. Access to medicines was restricted to staff who had received training to ensure medicines were administered and managed safely. We found an error had occurred as a medicine was not in its correct packaging and temperature monitoring of a room where medicines were stored was not carried out.

Prior to the inspection concluding we saw monitoring of the room temperature had been started. We also found the medicine error was investigated by the registered provider and registered manager and we were informed staff would receive guidance and instruction to prevent the error reoccurring.

The registered provider had not met the requirements of the regulations inspected. This is reflected in the rating of well-led.

The registered manager completed a series of checks and investigations to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the

people they supported and said they wanted to enable people to live independently and be happy. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Dolphinlee House Home for Older People.

People told us they could raise their views on the service provided and they felt staff listened to them. We saw minutes of meetings where people at the home were informed of changes and were asked their opinion on the service provided.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. People also told us they were offered more if they wanted this. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they finished their meal. Staff were available to help people if they needed support.

We found the environment was clean and we observed staff wearing protective clothing when required. This minimised the risk and spread of infection.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure which was displayed in the reception of the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

Recruitment checks were carried out to ensure suitable people were employed to work at the service and staff told us they were supported to attend training to maintain and increase their skills.

People and relatives we spoke with told us that overall they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with raised no concerns with the staffing arrangements at the home.

People told us there were a range of activities provided to take part in if they wished to do so. We found an activities schedule was displayed at the service and staff told us they reminded people of the activities available.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Care records were not always an accurate reflection of people's needs and were sometimes unsigned and undated.

People received their medicines when they needed them and processes were in place to support safe medicines administration.

Staff were able to explain the action they would take to safeguard people from abuse and told us they would do so to protect people.

Staff were recruited safely and staffing was arranged to enable people's needs to be met.

Is the service effective?

Good 

The service was Effective.

People were supported to seek further professional medical advice if this was required.

Staff received training and supervision to enable them to deliver care and support which met people's needs.

Processes were followed to ensure the requirements of the Mental Capacity Act (2005) were adhered to.

People were able to select meals from a menu and were supported to eat and drink sufficient to meet their needs.

Is the service caring?

Good 

The service was Caring.

People and relatives told us staff were caring and their dignity and privacy was respected.

We observed staff were attentive to the individual needs of people living at the home and were respectful when interacting with them.

Staff knew the individual likes and dislikes of people at the home and the care given reflected these.

Is the service responsive?

The service was not consistently Responsive.

Care records did not consistently enable staff to deliver responsive care as they were not always an accurate reflection of peoples' needs.

People and relatives told us they were involved in their care and that of their loved one.

People were supported to take part in activities which were meaningful to them.

There was a complaints procedure at the home to ensure people's complaints could be reported and addressed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered provider had not met the requirements of all the regulations inspected.

People who lived at the home, staff and relatives told us they could talk to the registered manager if they wished to do so.

Staff were able to explain their roles and responsibilities and attended handovers to help ensure people received care that met their needs.

Checks were carried out to identify if improvements were required.

Requires Improvement ●

The registered provider sought feedback from people to improve the service provided.

Dolphinlee House Home for Older People

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 visit took place on the 14 and 15 May 2018 and the first day was unannounced. On the first day the inspection was carried out by two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience that took part in this inspection had experience of working with older people who may be living with dementia. At the time of the inspection there were 40 people living at the home.

Before our inspection visit we reviewed the information we held on Dolphinlee House Home for Older People. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our 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. In addition we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with 16 people who received support, and six relatives. We also spoke with seven care staff, the registered manager and the Senior Operations Manager. In addition we spoke with the cook and four representatives from the registered provider's senior manager team. This included the operations manager and facilities manager responsible for the cleanliness of the home and the catering manager and catering supervisor responsible for catering services. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. We used

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

We looked at care records of five people who lived at Dolphinlee House Home for Older People and a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of two staff. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

Perfectly safe." And, "Yes, I do." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "My family member wasn't safe at home. Now [my family member's] safe."

Care records were not always an accurate reflection of people's needs and were sometimes unsigned and undated. This posed the risk of people receiving care that did not meet their needs and placed them at risk of harm. For example, we viewed one person's care record and saw a risk assessment that instructed they should be supervised when mobilising. This was not recorded in the person's care plan. We also noted the person's care record instructed in the use of a cream to help maintain skin health. The staff we spoke with told us the person did not require the cream anymore and it was not being used.

In a further care record we looked at the person's risk assessment for a pressure mat. This is a mat that sounds an alarm when stepped on. This enables staff to go to the person and offer help with mobilising. The risk assessment we viewed was unsigned and undated. This meant it was not clear if the record was up to date and who was responsible for the assessment carried out. We viewed the person's daily notes and saw recorded they had a pressure cushion to sit on. Pressure cushions are used to minimise the risk of skin damage. We viewed the person's care plans and saw the use of a pressure mat and the pressure cushion was not recorded within these. Staff we spoke with told us the person still required the equipment.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as care records were not consistently a contemporaneous, complete and accurate reflection of people's needs.

Prior to the inspection concluding we were informed the care records had been updated.

Staff we spoke with were able to describe people's individual needs and the help and support they required maintain their safety and well-being. For example, staff could explain the support people needed to maintain their skin integrity, safety when mobilising and to take their medicines. This meant people were supported by staff who knew their individual needs.

We checked to see if medicines were managed safely. We looked at three people's medicines on three areas within the home and found the Medicine and Administration Records (MAR) and the totals of medicines remaining matched. This indicated people received their medicines as prescribed. We noted however that the temperature of the room where medicines were stored was not consistently monitored. This posed a risk that the room temperature would not be maintained at a temperature appropriate for medicines storage. We discussed this with the registered manager and the Senior Operations Manager and on the second day of the inspection we saw the temperature of the room was being monitored.

We looked at one bottled medicine and saw the date of issue on the bottle and the date of issue on the box were different. We discussed this with the registered manager and the registered provider. They investigated

this and we were informed the bottle of medicine had been returned to the wrong box in error. They informed us staff would receive instruction and guidance to ensure the error did not reoccur.

We observed medicines being administered and found people were supported to take their medicines and records were completed at the time of administration. Staff stayed with people until they had taken their medicines. Access to medicines was restricted to staff who had received appropriate training. This helped ensure medicines were managed safely.

We looked at how accidents and incidents were being managed at the home. Staff told us and we saw accident forms were completed. The registered manager told us all falls and accidents were monitored by them for trends and they provided a monthly report to the Senior Operations Manager who also looked for trends and themes. The registered manager told us pressure mats were used to minimise the risk of people falling. This is a piece of equipment that sounds an alarm when the person stands up from their bed. This enables staff to attend the room quickly and offer support to people with their mobility, minimising the risk of injury.

We visited one person in their room and saw the mat was in place. The person told us they had agreed to this and staff we spoke with told us the person required this equipment to help maintain their safety. This showed the action was taken to minimise risk and there was learning from accidents and incidents that occurred.

Staff told us they were committed to protecting people from abuse. One staff member said, "Reporting is part of my job. I'd go straight to the office." Staff said they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities if this was required.

Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising, falls with injury or allegations of abuse to ensure people were protected. We saw the home had a safeguarding procedure to guide staff and the contact number was displayed on a notice board within the home. This meant staff, people who lived at the home, or visitors were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Dolphinlee House for Older People. A DBS check helped ensure only suitable staff were employed. During the inspection some information relating to an employee's work history was not available. This was provided to us before the inspection concluded.

We asked people at the home their views on the staffing levels. 15 people who lived at the home raised no concerns with the staffing levels at the home; however one person commented they had on occasion, had to wait for help. Of the relatives we spoke with one relative commented there had been occasions when staff appeared busy and people were unobserved whilst sitting in the lounge. We passed this information to the registered manager for their consideration.

Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. During the inspection we saw people were supported by staff when they needed help. We also found staff spent time with people on an individual basis. For example, we saw one person sitting with staff in the garden. On another occasion we saw staff sitting with a person who lived at the home. They were looking at the person's photographs with them. During the inspection we timed a call bell and saw this was answered

promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. This was confirmed by speaking with staff. For example, to support people if they were unwell and extra help was needed. This demonstrated staffing was arranged to meet the needs of people who received support.

The registered manager told us that they were currently recruiting staff. They explained it was important to them that people were supported by staff that knew them and that permanently recruited staff fostered teamwork and supportive practice. This showed the registered manager recognised the importance of a stable workforce to ensure consistency of care and develop positive working relationships.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. Staff told us, and we saw protective clothing was provided if this was needed. We saw staff wore protective clothing such as gloves and aprons if these were required. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We found a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

People told us they were happy with the care provided. Two people told us they considered they were looked after very well. A further person said, "Can't complain because I'm looked after properly." Relatives told us they were happy with the care and support their family members received. One relative commented described the care as, "Very, very good."

Documentation showed people received professional health advice when this was required and their needs were assessed to inform care planning and referrals to other health professionals. For example, we saw assessments in mobility, nutrition and falls risk assessments. We saw documentation which evidenced people were referred to doctors, physiotherapists and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. In addition, we heard staff making appointments for people during the inspection. We noted one staff member contacted a doctor's surgery to arrange an appointment for someone who lived at the home and we saw a doctor visited a person who lived at the home during the inspection. We also spoke with a visiting health professional when they visited the home. They told us they had no concerns with the care provided.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told that copies of essential information such as medicine records and information sheet with contact details of other health professionals and person centred information was provided. This demonstrated the registered provider sought to support people to express their preferences and requirements if they were unable to do so.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were supported by the registered provider who cascaded relevant information to them and in addition they attended best practice events when they were available. They also explained that staff attended events such as forums on infection control, dementia and safeguarding and cascaded this information to other staff at the home. Staff we spoke with confirmed this. This demonstrated the registered provider sought to implement best practice at Dolphinlee House Home for Older People.

The registered provider used technology to minimise the risk of falls. When appropriate, there was equipment used to minimise the risk of harm. We saw a pressure mat was in place. This sounds an alarm when people stand up from their chair. This meant staff could minimise the risk of falls by responding to the alarms and going to help people quickly. In addition, each room had a call bell system in place. This enabled people to summon help if they required staff support.

Staff told us they received training to enable them to update and maintain their skills. All the staff we spoke with consistently told us they were able to attend training and they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered manager informed us the training matrix had been damaged and some information had been lost. This was currently being updated and staff had been instructed to select their

future training. We viewed a notice board which asked staff to choose dates of attendance. Staff we spoke with told us they were confident they could access training if there was a need to do so. This demonstrated the registered provider enabled staff to maintain their skills and increase their knowledge in order to effectively support people.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care and consented to the support they received. One person had a pressure mat in place to minimise the risk of falls. They said, "Staff spoke to me about the mat, it's to keep me safe." Relatives told us they were involved in decision making if this was appropriate.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to their medicines being administered, before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected. We found if restrictions were required to maintain people's safety and wellbeing, these were lawful and followed the correct processes to ensure people's rights were upheld.

We received mixed feedback regarding the meals provided at the home. Comments we received included, "Oh delicious, really good always." And, "Excellent, so excellent that I will have to go on a diet" Also, "Nice, high standard. Always plenty of it." However, one person commented the main meal sometimes went cold quickly and a further person said they felt there could be more choice. Of the relatives we spoke with, two relatives described the food as, "Outstanding." And, "Superb." A further relative told us they felt the food provision could be improved upon. We passed this to the registered manager for their consideration.

We viewed the menu and saw this was varied. The cook told us alternatives were always available and people were offered meals such as, jacket potato with a variety of fillings, omelette, or beans and spaghetti on toast. We observed the lunchtime meal and saw one person had chosen to have spaghetti on toast. This was provided for them. We found people were able to eat where they chose and meals were provided to people in their private rooms if this was their wish. We also observed the evening meal and noted two people chose to eat together in the conservatory. This was accommodated. If people required support to eat we saw staff were available to help them. We observed a staff member discreetly reminding a person to eat their lunch. As a result of this the person ate their meal. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required and they encouraged people to eat and drink sufficient to meet their needs. During the inspection we saw people were offered hot and cold drinks

between meals and fruit and biscuits were available. We observed people were able to select what they wanted to eat and people were offered extra if they ate what they had chosen. This demonstrated staff encouraged people to eat and drink foods that met their needs and preferences.

We walked around the home and saw it was neat and well maintained. There were lounges, dining areas and a garden for people to enjoy. We saw signage was displayed to help support people find their way around the home. Bedrooms were personalised and arranged to with sufficient space to ensure mobility aids could be used safely. This helped people maintain their independence.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Comments we received included, "Everyone's very good." Also, "They're very good, very understanding." A further person said of the staff, "Marvellous. They do everything, couldn't do more. Keep me going, have fun." Relatives told us, "Staff are absolutely fantastic." Also, "Very friendly staff."

Staff spoke affectionately of people who lived at Dolphinlee House Home for Older People. Staff told us they had time to spend with people and enjoyed being with them. We were told, "I love being able to help the residents." Another staff member said, "You can't do this job if you don't care." A further staff member commented, "I care for my clients." This demonstrated staff had a caring approach.

Care records we viewed were written in a respectful way and contained information about people's social histories and backgrounds. In one record we saw a person had a preferred name. During the inspection we found staff referred and spoke with the person by using their preferred name. This demonstrated staff knew the likes and preferences of people and respected their choices.

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We found staff knew people. Staff spoke with people about their family, their backgrounds and what was important to them. For example, we saw one person talking about their favourite sport with a staff member. We saw a further staff member and a person who lived at the home talking about the royal family. Conversations we observed were enjoyed by people at the home. We saw people smiling and laughing with staff.

People consistently told us that privacy and dignity were respected. One person commented, "They always knock before they come in. Real preservation of dignity. It is alright, very good, I really appreciate it." We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. We asked a staff member if we could go to a person's room. We wanted to do this to check the room was personalised to their needs. The staff member asked the person to consent to this. This demonstrated staff respected people's private rooms.

There was a relaxed atmosphere at the home. We observed staff spending time with people chatting and laughing. For example, we saw staff sitting with people in the garden. We also saw one person was being helped to read a paper in their room. From the conversations we heard, we learnt there were positive relationships between people who lived at the home and staff. People and staff were relaxed and smiling when they talked together. Staff asked about the wellbeing of people's family members and friends and people responded to these. This demonstrated staff knew people's individual circumstances and what was important to them.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was

required. We saw these were displayed in the home. This ensured people's interests would be represented and they could access appropriate support outside of Dolphinlee House Home for Older People.

Staff we spoke with told us they had not yet received training in equality and diversity but they understood this was being sourced. This was confirmed by speaking with the registered manager. Staff had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "It's their life and we make sure they can live it how they choose." A further staff member told us, "We want residents to be happy here and a way of doing that is respecting their rights and choices."

We saw care records documented if people had spiritual or cultural needs and a notice board displayed the arrangement for clergy to visit. This demonstrated the registered provider recognised and upheld people's individual rights in accordance with their wishes and the Human Rights Act 1998.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us they were helped to shave if they required this support. Another person told us they were helped to shower and they appreciated this. One relative told us their family member had received individual support and as a result their mobility had improved. They said, "Staff can't do enough for [my family member]." During the inspection we spoke with one person who told us they had been discharged from hospital without a medicine they required. They told us staff had identified this and arranged for the medicine to be delivered. This demonstrated staff were responsive to people's individual needs.

Although we received positive feedback, records we viewed did not support the delivery of responsive care. For example, one risk assessment recorded that a person lived with dementia and may be confused and irritable at times. Within the care records we viewed there was no information to guide staff how that person should be supported if they displayed confusion and/or irritability. In addition, staff told us the person required specific support with their medicines. The support the person required was not recorded in the care record. In the same record, we saw recorded on a care plan that the person had an area of skin damage. The care plan review recorded that the skin damage had healed, but this was not within the care plan.

In a further person's care record we saw recorded that the person may confuse day and night. There was no guidance for staff on how to support the person if this occurred.

We saw people were given the opportunity to discuss their end of life care, however these were not always recorded within the paper care records. For example, we saw one person had no end of life care plan in place within their paper records. The registered manager investigated this and we saw evidence the care plan was recorded on the registered provider's computerised database system. The registered manager and Senior Operations Manager explained that records were completed on the computerised database and the information was then transferred to a paper record and placed in people's care files. The information had not transferred to the paper care records.

In another care record, we saw recorded that the person needed support with continence. The care record did not instruct staff on the products to be used by the person. The registered manager and senior manager investigated this and we were informed the computer record had not been completed correctly, so information had not been transferred to the paper record.

Care staff told us they could not access the computer records, and used the paper records to learn about people's needs.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as care records were not consistently a contemporaneous, complete and accurate reflection of people's needs.

Prior to the inspection concluding we were informed the care records had been updated .

There was an activity programme on display and an activities co-ordinator was employed to support the delivery of meaningful activities. In addition, staff told us they offered people who lived at the home the opportunity of being involved in activities and our observations confirmed this. During the inspection we saw people were asked if they wanted to go the conservatory to take part in a game of beanbag hoopla. We saw if people chose to attend they were supported to do so, if people declined their wishes were respected. We also saw there was an activity of flag making. We saw people were supported to attend this if they wished to do so. This demonstrated people were supported to take part in activities that were meaningful to them to minimise the risk of social isolation.

We checked to see if people and their relatives were involved in care planning. One relative commented, "I've been involved in care planning, I was asked to read and sign it." A further relative could not recall seeing their family member's care plan. Two records we viewed did not record that people had consented to their care, however the person who lived at the home and a relative confirmed they had been involved in decision making. We passed this information to the registered manager for their consideration.

Care records identified any communication needs and staff told us they would support people if they needed to access information in a different way. For example, by using pictures or large print to support understanding. In addition we saw posters on display at the home informing people and relatives that information was available in differing formats if this was required. This demonstrated the registered provider considered people's individual needs.

Dolphinlee House Home for Older People had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place.

We reviewed three complaints and saw these had been investigated and concluded. This demonstrated the registered provider had a complaints process which was used to investigate any concerns raised.

Is the service well-led?

Our findings

There was a registered manager employed at Dolphinlee House Home for Older People. 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.

At this inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not met the requirements of the regulation, therefore improvements are necessary to ensure the service is well-led and meets the fundamental standards required.

Relatives we spoke with told us Dolphinlee House Home for Older People was well organised and the registered manager and senior staff were approachable. One relative told us, "I know [Registered manager] and the seniors. I've never had a problem in speaking to anyone." We asked one person if they know the registered manager. They told us, "Spoken with her, quite helpful."

During the inspection we saw the home was well organised. We saw staff attended handovers. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs. Staff were deployed to specific areas of the home and they told us they felt morale was good as they worked together to support people who lived at Dolphinlee House Home for Older People.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. They told us they could approach the registered manager or the senior staff to discuss any concerns or seek clarity on anything.

The registered manager and senior staff carried out checks on the quality of the service provided. These included checks on medication, care records and the environment. We viewed the care records audit and saw this had identified the errors we had identified on inspection. The staff we spoke with confirmed they were made aware of any improvements that were required and action was taken to rectify these. We saw in the diary, an entry which recorded that a staff member was coming to the home the next day to address some of the errors we had noted in the care records.

The registered manager told us they also had oversight of any accidents that occurred at the home and these were reviewed by them to see if further action was required. They explained they completed investigations and identified if any actions were required. They explained they also completed audits on these, but these had not been completed for the last month due to unplanned leave. The senior manager explained that information regarding falls was also analysed by the registered provider for themes and trends and this had continued in the registered manager's absence. There had been no trends identified.

Staff told us they had the opportunity to attend staff meetings where they were able to discuss any concerns

or ideas they had. They explained they found this beneficial as it enabled them to keep up to date with any changes and to raise areas for further discussion. We saw documentation which evidenced meetings took place and staff were offered support to discuss any ideas or concerns they had.

The registered provider sought to gain people's views. We saw meetings took place with people who lived at the home. We saw people were asked for their views on the food provision, activities and their views on their care plans. We saw a comment had been made that there were times when rooms were too hot. The registered provider had responded by obtaining fans to cool the rooms. This showed the registered provider acted on comments and suggestions made by people who lived at Dolphinlee House Home for Older People.

We asked the registered manager what they wanted to achieve in the future. The registered manager told us they were keen to build productive and positive relationships with other agencies. They told us they had requested to meet with a group of health professionals to discuss the working practices between them and the home and to review if these were sufficient. This demonstrated the registered provider sought opportunities to learn and improve the service provided.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were not consistently a contemporaneous, complete and accurate reflection of people's needs. Regulation 17 (2), (c)