

Dolphin Homes (Southern) Limited

Hill Lodge

Inspection report

42 Bedhampton Hill
Havant
Hampshire
PO9 3JW

Tel: 02392480164
Website: www.dolphinhomes.co.uk

Date of inspection visit:
05 July 2018

Date of publication:
20 August 2018

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
|---------------------------------|--------|

| | |
|----------------------|--------|
| Is the service safe? | Good ● |
|----------------------|--------|

| | |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

Summary of findings

Overall summary

Hill Lodge is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hill Lodge is registered to accommodate up to 18 people with a learning disability or physical disability. People were accommodated in five adapted buildings. At the time of this inspection there were 16 people living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We carried out an unannounced comprehensive inspection of this service on 27 February 2018. After that inspection we received information about incidents which raised concerns in relation to people's continuing safety at the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key areas of safe and well-led. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Hill Lodge on our website at www.cqc.org.uk.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

The service continued to meet all the fundamental standards relevant to people's care and support being safe and well led. Processes were in place to protect people from risks, including risks to their safety and wellbeing, in a way that enabled them to take part in activities according to their preferences. People were supported by sufficient numbers of suitable staff to maintain their safety. There were appropriate processes and procedures in place to make sure medicines were handled safely and to make sure people were protected from risks associated with the spread of infection.

There was a positive, empowering culture in the home. The provider engaged with people, their representatives, and staff to deliver a management system whose purpose was to drive forward and improve the quality of the service. Where appropriate the provider worked in partnership with other agencies and organisations.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hill Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced comprehensive inspection of this service on 27 February 2018. After that inspection we received information about incidents which raised concerns in relation to people's continuing safety at the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key areas of safe and well-led. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Hill Lodge on our website at www.cqc.org.uk.

This inspection took place on 5 July 2018 and was unannounced. An adult social care inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports, and information and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with the registered manager, the provider's area manager and other members of staff, including a care worker and deputy manager. We also spoke with a visiting community healthcare professional. We observed care and support people received in shared areas of the home.

We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, the provider's improvement action plan, quality assurance survey returns and reports, training and supervision records, medicine administration records, mental capacity assessments, Deprivation of Liberty Safeguards applications and authorisations, staff rotas, and recruitment records for two staff members.

Is the service safe?

Our findings

The provider continued to have in place effective policies and procedures to protect people against the risks of abuse and avoidable harm. Staff were aware of these procedures and of the provider's whistle-blowing policy, which gave guidance on how to raise concerns about people's care internally. Where staff raised concerns under this policy, the provider took immediate steps to make sure people remained safe. Concerns were investigated, and where appropriate an independent manager led the investigation.

Where concerns arose about people's wellbeing, the provider worked in cooperation with the local authority and other parties to investigate the concerns and make sure people were safe. The provider kept up to date and accurate records of investigations and where there were particular concerns kept records relating to people's individual care and support. We saw that people were comfortable during their interactions with staff, smiling and laughing with them, and inviting appropriate physical contact such as hugs and holding hands.

The provider continued to have in place detailed and thorough risk assessments which were updated following changes in people's needs or as a result of learning from people's behaviours. Risk assessments contained guidance for staff about how to distract people and avoid unnecessary physical interventions. A visiting healthcare professional confirmed staff took people's safety into account and found ways to use minimal restraint. Staff had received appropriate training in techniques to manage behaviours they might find challenging.

There were sufficient suitable staff deployed to support people safely. We saw that staff went about their business in a calm, professional, unhurried manner. Where people's care plans stated they needed support from a dedicated care worker, or two care workers when in the community, the staff rotas took this into account. When new people with complex needs moved into Hill Lodge, the provider had transferred experienced staff from other homes to support them. When new staff started they had a thorough induction and started work with people with less complex needs.

The provider had taken on four new staff since our last inspection, and was in the process of recruiting another three in order to reduce the use of agency staff. We checked the recruitment records of two new staff and found that the necessary checks were made and appropriate records kept. Processes were in place to make sure people were supported by sufficient staff who were suitable to work in a care setting.

The provider continued to have in place policies and procedures to make sure people's medicines were obtained, stored and administered safely. Staff were aware of when and how people's medicines should be given. For example, staff knew certain medicines should be given with food, and that the person should have their medicines before they went out into the community.

Medicines care plans and protocols had been updated in response to people's changing needs, for instance to give staff guidance if a person declined to take their medicines. The provider had identified where it was appropriate to bring forward a person's medicines review with their GP. People were supported to have their

medicines administered in a safe manner, taking account of their changing needs and preferences.

The provider continued to have processes in place to make sure people were protected against the risk of infection. Where concerns had been raised about the cleanliness and hygiene of equipment in the outside areas of the home, the provider had responded and put in place additional checks, and deployed a night shift cleaner.

Processes were in place to learn lessons and make improvements if things went wrong. Staff completed records of accidents, incidents and near-misses, which were reviewed for trends and patterns. The registered manager and staff discussed incidents with other healthcare professionals to identify improvements and make sure people were supported safely.

Is the service well-led?

Our findings

There was a 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 registered manager was supported by the provider. There were frequent visits by the owner and senior managers.

There continued to be a positive, empowering culture at the home. An enabling culture included choice, promotion of independence and inclusion. People with a learning disability or autism using the service were supported to live as ordinary a life as any citizen. This included being able to access the community, which had a beneficial impact on people's health and wellbeing.

The provider continued to give priority to service quality. Additional quality monitoring had been put in place since our last inspection. This now included weekly internal audits and daily informal checks by the registered manager or senior staff in each of the five independent buildings. Night shift spot checks were undertaken by registered managers of other homes in the provider's portfolio. There was a monthly quality visit by the area manager. Findings from the monthly quality audit were used to inform the registered manager's ongoing action plan, which contained actions to improve and sustain the quality of service. Processes were in place to monitor, assess and improve the quality of the service.

Where people were not able to be involved directly in the service, the provider engaged with their family. Records showed family members were involved in care planning and care plan reviews. In some cases a person also had an independent advocate to make sure their interests were taken into account in discussions about their care and support.

Staff continued to feel involved and engaged in the service. There were regular team meetings, including meetings scheduled to take place in the evening so that night shift staff could attend. The provider had a programme of regular supervision meetings, which meant staff had the opportunity four times a year to engage with the registered manager or another senior staff member.

The provider continued to work in partnership with other agencies to maintain the quality of service people received. These included the local authority, service commissioners and a local charity providing independent advocacy for people with the purpose of making sure their care planning took into account their individual interests and needs.