

Dolphin Care (IOW) Limited

# Dolphin Care (IOW) Limited

## Inspection report

Willowbrook House  
Appuldurcombe Road, Wroxall  
Ventnor  
Isle of Wight  
PO38 3EN

Tel: 01983853478

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dolphin Care (IOW) Limited is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 14 people being provided with personal care at the time of our inspection.

### People's experience of using this service and what we found

People told us they received safe care. Staff knew each person well and understood their needs. People were supported by staff in a safe way and risks were assessed, managed and monitored. People received their medicines as prescribed and infection control risks were managed effectively.

There were sufficient numbers of consistent staff available to meet people's needs. People spoke positively about the quality of the care they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring, well trained staff that had been subject to a recruitment and induction process.

Staff supported people to access healthcare professionals when they needed them.

The registered manager kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed. People and staff felt confident to raise any concerns or suggestions to the registered manager.

The registered manager was open and transparent. They understood their regulatory responsibilities. A quality assurance system was in place to continually assess, monitor and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 3 September 2019).

### Why we inspected

This inspection was prompted by the length of time since the last inspection and the previous rating of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and

well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dolphin Care (IOW) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Dolphin Care (IOW) Limited

## 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

This inspection was completed by one inspector.

#### Service and service type

Dolphin Care (IOW) Limited is a domiciliary care agency providing personal care and support to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 04 May 2022. We visited the location's office on 25 April 2022.

#### What we did before the inspection

Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service are legally required to send us. We sort feedback from the local authority and professionals involved 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. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and received feedback from three relatives. We spoke with four members of staff including the provider, who was also the nominated individual, the registered manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from one social care professional.

We reviewed a range of records, including five people's care records and two staff files in relation to recruitment and staff supervision. We looked at records in relation to the management of the service, such as policies and procedure and training data.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe and had no concerns about their safety when staff visited them. Comments included, "I feel very safe, they [staff] are very good", "I have no concerns about my safety as far as the care and staff is concerned" and "I feel very safe and secure with the staff."
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.
- Staff told us they had completed safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns. Staff confirmed they would escalate concerns to the registered manager and if not taken seriously would contact external agencies, such as the Local Authority or Care Quality Commission.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and mitigated. These covered a range of areas, including, medicine management, moving and handling, skin integrity and catheter care.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- The registered manager and nominated individual completed care calls frequently. This helped them to identify any changes in people's needs in a timely way. This meant risk assessments could be updated by the registered manager when required, to ensure staff had relevant information to support people safely.
- There were lone working arrangements in place to promote staff safety.

Staffing and recruitment

- Staffing levels were determined by the number of people using the service and the level of care they required. Travelling time was built in between each visit to help ensure staff arrived on time.
- At the time of the inspection, there were limited staff employed by the service which had resulted in care support being provided by the nominated individual and registered manager routinely. The registered manager was attempting to recruit additional staff. Due to the limited staff available the registered manager and nominated individual were clear they would only accept new care referrals if they had enough staff available to meet people's needs.
- Although there was limited staff employed by the service at the time of the inspection all people and relatives spoken with felt their care calls were being met as required. A person said, "I get a shower when I want, nothing is too much trouble. The staff never rush me and will stay the full length of the call or longer if

they need to." Another person said, "They [staff] are always on time."

- Safe and effective recruitment practices were followed. We checked the recruitment record of one new staff member and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

#### Using medicines safely

- Medicines were managed safely.
- Information regarding the support the person needed with their medication was recorded within their care plans.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

#### Preventing and controlling infection

- The provider had an up to date infection control policy in place and staff undertook training in this area.
- Staff had access to protective personal equipment such as disposable gloves and aprons and this was used effectively and safely. People confirmed this was worn as required by staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents over the last 12 months.
- The registered manager described how, should any incidents or accidents occur, that these would be recorded, investigated and action taken where possible to reduce the risk of recurrence.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an assessment prior to a person receiving a service to ensure they were able to meet their care and support needs.
- Assessments were detailed and looked at people's physical, emotional, communication and health needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.
- If required the registered manager liaised with health and social care professionals to develop people's care plans.

Staff support: induction, training, skills and experience

- New staff would complete a structured induction when starting with the service. This included training and a period of shadowing until staff were deemed as competent to support people unsupervised.
- People using the service told us staff were skilled and competent in their role. One person said, "The staff are well training, I don't have any concerns at all, they are fully equipped." Another person told us, "Yes, they [staff] are definitely skilled."
- Records evidenced that staff received the necessary training to meet the person's needs, including moving people, medicines management, health and safety and safeguarding. Staff confirmed this training had been received.

Supporting people to eat and drink enough to maintain a balanced diet

- Information about the level of support people required with food preparation and eating and drinking was included in their care plans.
- Where staff were required to prepare food, people confirmed suitable food and drinks were provided and they were included in making decisions about what they ate and drink.
- The registered manager told us, if required a person's food and fluid intake would be monitored and any concerns would be reported to appropriate healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records included specific care plans and risk assessments in relation to people's individual health needs. Guidance was also available to staff to help them identify changes in people's health and detailed actions staff should take.

- Staff supported people to access appropriate healthcare services if needed.
- The registered manager would liaise with health and social professionals if required, to ensure people's health and social care needs could be effectively met. This enabled people to enjoy healthier lives in their own home.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- Staff received training on the Mental Capacity Act. MCA assessments had been completed where required.
- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed plan of care.
- People told us the staff respected their views and asked for consent. A person told us, "I am fully involved in making decisions about my care. I am always given a choice about what the carers do for me."

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider, who was also the nominated individual, the registered manager and care staff. Staff understood their roles and communicated well between themselves to help ensure people's needs were met.
- Quality assurance procedures were in place to ensure the smooth running of the service and support continual improvement. These processes included the completion of audits for care plans and medicine administration records, spot checks of staff and the completion of quality assurance questionnaires, which were sent to people annually. The registered manager monitored all findings and feedback received and where issues or concerns were highlighted, these were reviewed, and actions taken as required to mitigate future risk.
- The registered manager worked closely with staff and conducted frequent supervisory spot checks of care staff to assess staff performance and offer support and advice as needed.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, training and infection control. Policies and procedures were shared with staff.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives praised the staff and management for their kindness, compassion and reliability of the service provided. The services latest quality assurance questionnaire completed in January 2022 included comments from people and relatives. For example, people had said, 'The care is excellent and reliable,' 'I love my carers like my own grandchildren', 'I receive the very best care' and 'I am very happy with the care I receive.'
- There was a person-centred culture within the service and people were placed at the centre of their care.
- During discussions with people it was clear they felt valued and respected by staff. A person told us, "I couldn't do without them [staff]. [Name of registered manager] is marvellous and is always there for me when I need her." Another person said, "I really look forward to them [staff] coming, I am so glad I have them. They are very, very good." A third person told us, "I can't speak highly enough of them, they go far above what you would expect."
- People were fully involved in their care and the provider consulted people in a range of ways; these

included annual quality assurance surveys and one-to-one discussions with people. Outcomes of these were analysed and feedback from people was used to improve the service.

- People felt confident to contact the registered manager and speak to them about their care package.
- People and relatives confirmed they were fully involved in their care and consulted about organisational changes.
- Staff felt listened to and spoke positively about the registered manager and provider. They told us they felt fully supported. A staff member said, "I feel really well supported by the registered manager." Another staff member said, "[Name of registered manager] is so supportive, the company really cares about the staff and people. I would never want to leave."

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 registered manager understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered person described how this would be used if the need arose.

Working in partnership with others

- The service worked in partnership with key organisations, where required, this included health and social care professionals to provide joined-up care.