

Leeds City Council

Dolphin Manor

Inspection report

Stonebrigg Lane, Rothwell, Leeds, LS26 0UD
Tel: 0113 282 4942

Date of inspection visit: 23 November 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Our inspection took place on 23 November 2015 and was unannounced. At our last inspection in June 2013 we found the provider was complying with all regulations we looked at.

Dolphin Manor is situated in a residential area of Rothwell, close to some local amenities. It provides accommodation for up to 35 people and has two dining rooms, several homely lounges, a residents' bar, visitor's room and a hairdressing salon.

There was a registered manager in post at the time of our inspection. 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.

People told us they felt safe in the home and we found they were protected from potential abuse by staff who had been trained in safeguarding vulnerable adults and understood when and how to report any concerns. People were further protected because the provider performed robust background checks on staff and ensured the premises were clean and well maintained.

Summary of findings

Individual risks were well assessed in care plans and we saw evidence this was reviewed regularly. Procedures relating to the management of medicines were adhered to, and medicines were appropriately handled and stored.

People told us they liked the staff and felt they provided good care and support. Staff were present in sufficient numbers to meet people's needs.

Staff were supported to deliver care by robust induction, training and supervision. The provider listened to the opinions of people using the service when assessing staff during induction.

People's care plans contained appropriate mental capacity assessments. We saw evidence that staff received appropriate training in the Mental Capacity Act

and staff we spoke with understood how this impacted on the way they supported people. People told us they had freedom to choose their routines and were offered choice in the support they received.

We were told without exception that people liked living in the home and were supported by skilled and caring staff who understood their needs and preferences. People's privacy, dignity and confidentiality were respected.

There were systems in place to ensure complaints and concerns were well managed and we saw evidence these were followed when concerns were raised.

The registered manager was seen as approachable and supportive. They ensured that people using and working in the service were regularly consulted in the running of the home. The registered manager and provider undertook a rolling programme of audits to monitor service delivery and improvement.

Summary of findings

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.

Staff were trained in safeguarding and understood their responsibilities in protecting vulnerable people from abuse.

The provider carried out appropriate background checks when recruiting new staff.

People were protected from risks associated with medicines because the provider had policies and procedures in place to ensure safe practice when handling medicines.

Good



Is the service effective?

The service was effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received regular training and supervision to support them in effective care delivery.

People's health needs were met with regular input from a range of professionals including GPs, dieticians and community nurses.

Good



Is the service caring?

The service was caring.

People spoke very positively about their experience of using the service and told us they liked the staff. We observed caring interaction during the inspection.

We saw evidence that people were involved in the writing and review of their care plans.

Staff understood the importance of respecting people's confidentiality, privacy and dignity and we saw consistent evidence of good staff practice during the inspection.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information to enable staff to provide person-centred support to people.

We saw evidence of regular activities taking place.

The service had systems in place to ensure that complaints were recorded and resolved and we saw evidence the processes were being followed.

Good



Is the service well-led?

The service was well-led.

Staff told us they liked working at the service, and everyone we spoke with described the registered manager as approachable.

Good



Summary of findings

<p>There was a robust programme of audit in place to ensure the quality of service delivery.</p> <p>The registered manager had regular meetings with staff and people who used the service.</p>	
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Dolphin Manor

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.

This inspection took place on 23 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of supporting someone in residential care. An expert-by-experience is someone who has personal experience of using or caring for someone who uses this type of service.

During our visit we spoke with eight people who lived at Dolphin Manor, eight visiting relatives, seven members of

staff and the registered manager. We made observations of the care and support people received and looked at all areas of the home including some people's bedrooms. We spent time looking at documents and records relating to people's care and the management of the home. We looked in details at the care plans of four people.

Before the inspection we reviewed the information we held about the provider including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern. We did not send a provider information request before this 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.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I feel safe here." A visiting relative told us "[Name of person] was very safe here. We felt they were safe here too." During the inspection we saw people were relaxed in each other's company and in the presence of staff. One person told us about one occasion when they had been upset by something another person had said to them. They told us staff had resolved the situation quickly and it had not happened again.

Staff we spoke with had a good understanding of how to safeguard vulnerable people. They could identify different types of abuse and knew their responsibility to report any concerns either to the registered manager or other bodies such as the Care Quality Commission (CQC). One member of staff told us, "It's all of our responsibilities to keep residents as safe as possible." Records showed staff training in safeguarding was kept up to date and the registered manager had a plan in place to ensure training was kept up to date. Staff were also aware of the provider's whistleblowing policy. 'Whistleblowing' is when someone who works in a service reports any suspected wrongdoing and can be reported to the registered manager or to a body such as the CQC. Staff told us they were confident that any concerns about people they raised with the registered manager would be acted on appropriately.

We walked around the home, looking in all communal areas, bathrooms, toilets and some bedrooms. We found the home to be clean and tidy throughout, and saw a programme of refurbishment was on-going. Some corridors had been decorated and the registered manager discussed plans in place make further improvements, for example the replacement of some carpets. We looked at records which showed people lived in a safe environment, for example maintenance contracts were in place, fire-fighting equipment was regularly checked, fire drills and related training were carried out and care plans contained personal evacuation plans for each person.

We looked at the care plans of three people and saw a range of individual risk assessments covering areas such as falls, moving and handling and medication. Assessments were up to date, detailed and showed how risks could best be managed and reduced for each person. Any accidents or incidents were well documented and we saw evidence in people's care plans of changes made in response to these.

People told us they had no concerns about staffing levels in the home, but said there were some occasions when staff numbers were not maintained. One person told us, "Sometimes they are a bit short of staff, what with the holidays. They are busy and rushed but they still cope. I don't know how they do it." Staff we spoke with told us they sometimes felt under pressure when some staff were in handover meetings, but felt able to ask for colleagues to leave the meeting to provide assistance if required. We discussed staffing levels with the registered manager who told us staffing levels were determined by the needs of people living at the home. During the inspection we did not observe people having to wait when they needed assistance and saw staff had time to stop and chat to people throughout the day. We concluded there were sufficient staff on duty to meet people's needs safely.

We found the provider was undertaking appropriate background checks when recruiting staff. We looked at the recruitment records of three staff and saw they contained references which evidenced previous experience and good conduct together with Disclosure and Barring Service (DBS) checks. The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions.

People were protected from risks associated with medicines because the provider had comprehensive and policies, procedures and practices in place to manage these. Staff told us they received appropriate training and we saw evidence this was regularly updated. People did not tell us about any problems they had experienced in getting their medication. We observed staff administering medication and saw them speak to people patiently and respectfully. For example, we saw people were discretely asked if they needed pain relief and given time to answer.

We looked at the Medicines Administration Records of three people and found these were correctly completed. Audit sheets were kept with any 'as and when' medication, and we saw staff complete these each time medication such as pain relief was issued. This meant the stocks of medication were frequently checked, enabling any problems to be quickly identified. We saw evidence the registered manager regularly checked stocks of medication.

Is the service safe?

Medicines were securely stored in a dedicated room. Medicines which needed to be kept refrigerated was appropriately stored and we saw evidence of regular

temperature checks. We saw appropriate procedures in place for separate storage and disposal of any discontinued medicines. Controlled drugs were securely stored and records were in good order.

Is the service effective?

Our findings

People were cared for by well trained staff who knew them well. Staff were knowledgeable about individual people's care and support needs. One person told us, "We can't fault the care at all." A visiting relative said, "You can't fault it. It's excellent." The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. We looked at the records relating to training and saw this was up to date. Staff told us they received regular training and said they could suggest additional training which was not in the provider's programme. For example we saw evidence that palliative care training had been organised at the request of staff.

We looked at records of staff induction and spoke with the registered manager about this. They told us, "We follow a local authority programme to ensure induction training is thorough. New staff shadow more experienced colleagues before providing care themselves. We always ask our residents for their opinion on new staff's abilities." We saw evidence that staff undertook a broad range of training during their induction including safeguarding and equality and diversity. All staff studied for the care certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the supervision records of three staff. These were personalised and included feedback on performance and training undertaken. Action plans were in place to ensure that staff development needs and aspirations were met. Staff told us supervisions took place regularly and they found them useful meetings. We saw that staff were given opportunity to give and receive feedback about their performance and set objectives to enable them to improve their care delivery.

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 we spoke with told us ways in which they were able to make their own choices. One person said, "If we want a bath at any time that's ok [with the staff]". Another told us

"Whilst I've made my choices [about meals] I still wait and see what others are eating until I make up my mind. The staff are fine with this." A visiting relative told us, "[Name of person] could have chosen anywhere – they are so independent minded. They chose here as they can do what they want, and the staff allow them that freedom." In addition people told us they could choose when they got up and retired to bed, whether they ate in the communal areas or their rooms and how they spent their days. We saw there were facilities provided for people to make drinks and snacks for themselves if they wished.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. At the time of our inspection three people were subject to DoLS, discussions with the registered manager indicated that a further application was currently logged and awaiting a decision from the appropriate body.

During the inspection we observed staff asking for consent before care or support were given. For example during lunch we observed two occasions when staff asked people discreetly if they required assistance with their food and withdrawing when the people said they could manage.

Staff had completed MCA and DoLS training and could demonstrate they understood their responsibilities in relation to these. We saw evidence in people's care plans of consent being given for care, and where care plans indicated that people lacked capacity to consent we saw best interests decisions had been appropriately made and recorded.

We saw evidence in care plans that systems were in place to meet people's care needs. We saw records of input from GPs, community nurses, opticians and dieticians. A GP held a weekly surgery at the home, and people told us they got good support with their health needs. One person said, "The GP visits every Thursday, but will come out earlier if called." A visiting relative told us the staff responded well when people were unwell. They said, "If [name of person] has a cold or sounds chesty the staff quickly get the doctor here. Straight away." In addition we saw people's weights were regularly monitored and records of appropriate actions taken when significant changes were identified.

Is the service effective?

People we spoke with were positive about the food they were served and their experience of mealtimes. Comments included “The food’s lovely”, “Meals are good with lots of choices” and “They’ve always got white tablecloths, just like today.” People were offered choices from a varied menu but could also ask for alternatives if they wished. We observed the lunchtime meal and saw the tables were attractively presented and people were served with food

that looked appetising. There was a pleasant atmosphere during the meal and we observed people chatting amongst themselves and with staff. Staff we spoke with told us how they supported people to make healthy choices about their food. They told us they would use enthusiastic vocabulary and tone to encourage people to eat well and to try to encourage people to make healthy choices about their diet.

Is the service caring?

Our findings

Without exception people and their visitors spoke highly about the staff and the experience of living at the home. One person who used the service told us, “The staff are simply marvellous. They’ll do anything for you, they’re very nice. They sing to us and are always asking if we are alright. I wouldn’t have stayed here otherwise.” Another person said, “I’d give this place top marks.” A visiting relative told us, “[Name of person] loved every minute here from day one. The staff are local and so they know the residents and their families. I’ve lived in the area all my life. The staff are the main thing. They’re so caring. The care is wonderful. This place is a gem.”

One person told us about how they were cared for after a fall. They said “I fell once and hurt my head. One of the staff came and lay beside me on the floor and talked to me. They are angels, they really are.”

Several visiting relatives told us they would be happy living at the home themselves. One visitor said, “In truth when the time comes this is where I would want to come.” Another told us, “This is where I’d like to be. It’s superb. I go to [name of local hotel] quite often and tell them if they want to know how to put on a party, make people feel special and treat them really well they should come here and see how it is done.”

We met with some visitors who had come to see staff although their relatives no longer lived at the home. One told us “Since [name of person] died we have missed coming here. We still feel we are part of a family here. When we walk in it feels like we are coming home.”

Staff told us ways in which they were mindful of people’s privacy and dignity when providing support and assistance. These included ensuring doors and curtains were closed before carrying out personal care tasks, being discreet when talking to people about their care and always knocking on doors and waiting to be invited into people’s rooms. We saw consistent evidence of this practice during the inspection.

We spoke with staff about how they ensured they respected people’s right to confidentiality. One staff member said, “We would always make sure other people were not in earshot when discussing anything that someone might

want to keep private.” Another told us, “People’s care plans are kept in a room that has a code lock – we can get to them when we need them but this information is private and kept that way.”

The registered manager told us some people found it difficult to go shopping for Christmas presents for their loved ones. They told us, “We have the Christmas grotto, but it is not just for decoration. We take pictures of people in there and help them to make things people can give as gifts on Christmas day. Last year it was calendars, this year we are trying to find someone to put the pictures onto mugs that the residents can give to their families. Everyone seems to like it, but it’s particularly important for people who might feel embarrassed that they aren’t able to go shopping for presents themselves.”

We spoke with staff about the care and support they provided for people. Staff were able to discuss in detail individual preferences and needs and spoke with fondness about people living in the home. We saw people looked well cared for. They were tidy and clean in appearance which is achieved through good standards of care. People’s clothes were well presented and all areas of the home were clean and well maintained. Some areas of the home were recently decorated. The registered manager told us “We showed people colour charts and they chose the colour scheme for the walls and the doors. It wasn’t our choice – it was the people who live here.”

We observed staff interactions with people throughout the inspection. We saw staff took time to engage in lively conversations which people clearly enjoyed. We saw appropriate use of humour and touch which contributed to a pleasant and homely atmosphere throughout the day. A person who lived at the home said, “They’re all good people who look after you. I’d say it’s five star.”

We found not everyone we spoke with could tell us how they were involved in writing and reviewing their care plans. One person said “The staff wrote [my care plan] but I told them about my likes, dislikes and medication.” We saw evidence of regular review of care plans however there was some inconsistency in people or their representatives signing the reviews to evidence their involvement in the process. One person’s care plan showed reviews were carried out with the person’s Independent Mental Capacity Advocate (IMCA). IMCA is a type of statutory advocacy introduced by the MCA. The MCA gives some people who lack capacity a right to receive support from an IMCA. In

Is the service caring?

another care plan we saw that the staff member reviewing the file had recorded 'Family are happy with the care' but the review had not been signed by them. We spoke with staff who told us they tried to involve people in the process as much as possible. One staff member told us, "I try to work with the person. For example [Name of person]

wouldn't write in their care plan but will tell me about their needs so that I can get all the information up to date. [Name of person] can't physically sign the review but really does speak up during the review." We concluded the provider actively tried to engage people in making decisions about their care, treatment and support.

Is the service responsive?

Our findings

We looked in detail at three people's care plans. These contained detailed initial assessments which captured a range of detail including people's lives and personal preferences, diet, any allergies and mental health. We saw evidence of regular reviews which kept risk assessments and individual care plans covering areas such as nutrition, hydration and sleep up to date, meaning staff had comprehensive guidance to enable them to provide appropriate and person-centred care and support for people. We saw some evidence that people or their representatives had been involved in the process of review, including signing the review and in the addition of comments from people's families, although this was not consistent in all care plans we looked at. Staff we spoke with said they found the care plans easy to read and told us they could access them at any time.

We asked people about activities in the home. One person said, "The staff ask 'would you like to play bingo today?' We play dominoes and bingo and a young man comes and does exercises with us." Another person said, "When they find time we play bingo, but they're pulled every which way and activities sometimes don't happen, but we've been on trips. We've done well for outings."

The registered manager told us they took a person-centred approach to activities and did not have a daily plan organised in advance. A member of staff confirmed this. They said, "We don't have a programme as such. Instead it's resident centred." Another member of staff told us, "We try

to do something every day. Today I have talked with [names of three people] about their families. We haven't decided on an activity for later. Possibly some manicures." We looked at records of activities and saw regular events taking place to mark seasonal events such as St Patrick's Day, Mother's Day, Christmas and New Year. A visiting relative told us, "On Christmas day Santa Claus will visit and everyone will get a present." Events regularly took place in the evening, meaning that families would be able to attend after work.

The provider had a system in place to manage complaints and concerns, and we saw the complaints policy was displayed in the home. People we spoke with did not tell us about whether they had ever raised concerns or felt they knew how to do this, but throughout the day we observed people and their relatives speaking freely with staff and the registered manager. We looked at records of complaints and compliments received. The provider had systems and policies in place to ensure all concerns were logged together with actions taken to resolve them. There were no written complaints but the service had recorded all verbal feedback and investigated any concern raised in this way according to the complaints procedure.

We looked at compliments sent to the home. Comments sent in cards and letters expressed appreciation for the care that people had received. One person wrote, 'Thank you for looking after [Name of person] and always being so caring. They did not always show their appreciation but often told us how well looked after they were.'

Is the service well-led?

Our findings

There was a registered manager in post on the day of our inspection. People who used the service and visitors knew them by name and spoke highly of them. One person who lived at the home told us, “[Name of manager] is lovely. Always asks if I’m alright and chats to everyone.” A visitor said “[Name of manager] has given us all so much support and practical help.”

Staff we spoke with said they found the registered manager approachable and supportive. One member of staff told us, “They are under pressure sometimes but always respond if we need something.” Another said, “I love working here. We get good support from the manager.”

People who used the service were consulted in how it was run. They had the opportunity to attend regular meetings and complete surveys. We looked at the minutes of meetings and saw a range of matters discussed and people putting forward ideas to develop the service. For example we saw people were consulted about whether they would like their main meal in the afternoon or evening, and making requests for more trips away from the home. The registered manager told us people had been consulted before decorating had commenced and we spoke with people who said they had chosen colours for the corridors. Another person told us “We have regular meetings with the staff. At one they asked us what could be improved.” In addition the registered manager had a programme of ‘open surgeries’ where they or another senior member of staff were available for families or resident to speak to.

We looked at the results of resident and relative surveys and found they contained meaningful questions which would help drive improvement in the service. For example

people had been asked about whether they felt safe receiving care and support and whether they felt they or their relatives were adequately involved in the review of their care plans. Outcomes of surveys and minutes of meetings were available for people and their families to review at any time in the ‘Consultation File’ on display in communal areas. In addition to records of and action plans relating to meetings and surveys we also found information relating to trips and activities which included photographs, resident newsletters and details of initiatives such as ‘Nutrition and Hydration Week’.

Staff we spoke with told us they were happy working at the home and spoke with pride about their work. They told us the registered manager was approachable and supportive. One member of staff told us, “ [Name of manager] always thanks us for our hard work and shows their appreciation.” The registered manager held regular meetings with staff to enable them to share information about the running of the home and give and receive feedback about the service. Staff we spoke with said they regularly attended and had opportunity to speak openly. We looked at minutes of recent meetings and saw evidence of meaningful discussion of a range of issues, with actions identified as a result.

We looked at information evidencing the quality and safety of the service was being monitored. The registered manager carried out a comprehensive rolling programme of audit covering areas including care plans, medicines, accidents, staff training and the internal environment of the home. These were reviewed at provider level, and we saw evidence of regular meetings between the provider and registered manager where service quality and delivery were robustly audited and actions for improvement identified.