

Dolphin Homes Limited

Fairlea

Inspection report

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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 ●

Summary of findings

Overall summary

Fairlea in Emsworth provides support and accommodation for up to two people with learning disability and/or those with an autism spectrum disorder/condition. At the time of our inspection there were two people living at the home. People were accommodated in single rooms, with a shared lounge, kitchen, dining room and an enclosed garden.

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.

There was a registered manager in place. 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.

We previously inspected Fairlea on 7 November 2017. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities). We rated the service requires improvement. At this inspection we found improvements had been made and the provider had met the requirement notices. At this inspection we rated the service as good.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. People were supported to have maximum

choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that met their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

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.

People were protected against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work with vulnerable adults.

Staffing levels were based on individual needs.

Systems were in place to ensure that ongoing learning took place when there were concerns.

Good 

Is the service effective?

The service was effective.

People were always asked for their permission before personal care and support was provided. Where needed, people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Good 

Is the service caring?

The service remains Good.

Good 

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to ensure a quality service was being provided and developed further.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

Fairlea

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 was a comprehensive inspection. This inspection took place on 30 October 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). 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.

The registered manager was on leave at the time of the inspection. The area manager attended the home to support the inspection. During the inspection we spoke with two staff. Due to the nature of people's abilities we relied on observation and comments from relatives. We reviewed one person's care records and sampled one other person's records, plus staff records such as supervisions and training. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures. We requested and were sent various records such as training records and audits.

Is the service safe?

Our findings

At our last inspection we identified concerns regarding management oversight of incidents, improvements had been made.

The interactions we observed between people and staff were friendly and comfortable. People interacted well with staff and the atmosphere was relaxed.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines and staff could explain to us the behaviour people showed which may indicate they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines. However, we raised concerns with the area manager regarding staff signing the medicine records for the day after the inspection. Staff could not clearly explain this. There was also concern about the lack of clear records for medicines leaving and being returned to the home when people went home to their family. The area manager acted at the time of the inspection to ensure the safety of medicines. The actions included; all staff to be retrained in medicines management including permanent staff and bank staff, stocktaking to be reviewed, and a 'home leave' protocol to be introduced as part of the re training.

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and were able to describe signs and symptoms that a person may be being abused. Staff recorded and reported any concerns they had, including any bruising as well as changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. At the time of inspection there were no ongoing safeguarding investigations.

The service holds two people's monies. We looked at these with the area manager and following discussions, these are now checked by incoming and outgoing staff at shift handover. This provides safety for people and staff as they often lone work at the service.

Staff supported people to manage and reduce any risks to their safety. For example, people using the service were not aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager, and support was amended for example additional staff support provided. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

Staff had reduced the risks to people's safety at the service. This included the environment. Restrictors were

in place on all windows and regularly checked to protect people. Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. There were risk assessments in place in regards to the environment, for example when staff were cooking and for when people accessed the kitchen.

There were sufficient staff to meet people's needs, and was planned according to people's routines and what activities they were participating in. All of the people using the service needed support from staff in the community. One member of staff was on duty at night to ensure support was provided 24 hours a day. Additional support was available from on call if staff needed advice or in the event of an emergency. The area manager told us they used 'bank' staff from Dolphin Homes (the provider) and rarely used agency staff, they asked for staff that had been at the home before to lessen people's anxieties. This was confirmed by the permanent staff who said that regular bank staff who knew people worked with them at the home.

There had not been any new staff recruited to the home since our last inspection. Records and staff confirmed they had had an induction to the service. The area manager explained that to improve staffing levels they were working with an employment agency to 'filter' applications and they planned to have staff work across the two homes the registered manager oversees.

Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control. They were aware of what equipment to use when cleaning different parts of the service and were aware of the importance of keeping different cleaning equipment separate. Staff ensured people had allocated items for personal care so there was no cross contamination. On our visit the service was clean and staff cleaned any spills promptly.

Is the service effective?

Our findings

Staff and the area manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff could communicate with people well and could understand people's speech patterns.

At our last inspection we identified there was a failure to carry out mental capacity assessments and deprivation of liberty safeguards which meant that people were being deprived of their liberty without lawful authority. Improvements had been made and the service had met the requirement notice.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had applied for DoLS authorisation for those they had assessed as requiring assistance in the community in order to maintain their safety.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Where possible people were asked to give their consent and this was recorded. Throughout the inspection we observed consent being sought regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. Staff had received training in the principles and operation of the Act and were able to tell us about people's rights to take risks when they had capacity.

Staff told us they "Enjoyed" working at the service. Staff stayed up to date with good practice guidance and any changes in legislation. Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included in regards to learning disabilities, autism and supporting people who displayed challenging behaviour. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and

support.

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff regularly weighed people and supported them to maintain a healthy balanced diet. Staff were aware of people's dietary requirements and if there were risks associated with eating for example, by choking and how this risk was being reduced.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with their social care team and provided regular feedback to people's allocated social workers.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Relatives told us staff kept them up to date with any changes in a person's health and fed back the outcome of healthcare appointments. A system was in place for both the registered manager and provider to monitor that any health concerns were followed up for example blood tests, this helped to monitor people's wellbeing and assisted the provider to speak with family members if they called the service.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

There was a lounge and kitchen for people to use as and when they wished. We observed people moving around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised.

Is the service caring?

Our findings

The service had a warm atmosphere where people were encouraged to share their views and opinions. Weekly house meetings enabled people to decide the activities they wanted to attend and their meals for the week. They each chose three meals and on the seventh day they both had what they wanted as individuals.

Relatives told us, "Dolphin is an amazing company and we are more than happy with [name's] care and quality of life", and "The support [name] receives from the small team who work closest with him is a key factor. To our mind this is clear evidence that [name] is happy, more settled and likes the team who work with him."

Staff treated people with kindness, respect and compassion. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships. Such as regular visits home to family.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service.

Staff respected people's privacy and dignity. We observed staff discreetly supporting people with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. Staff explained that it was important for people to have choice and control over their lifestyle.

People received personalised care. Staff were well informed about people's needs. Some of the people using the service had been living there for many years. There was a stable staff team which had enabled them to get to know people in depth and understand their needs and how they liked to be supported.

People's care records provided detailed information about their needs and how they were to be supported with their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated in line with any changes in people's needs or health. Detailed records were kept for any specific health needs. For example, eating and drinking a record was kept documenting all food and fluid to ensure people received a well-balanced diet and any weight loss could be monitored.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people chose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities and sessions to support their health.

A complaints process was in place. Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. There had been no complaints since last inspection in November 2017.

We discussed end of life care with the area manager as this had not been included in the current care plans, although there was a template ready to use. They said this would be reviewed.

In the care plans we saw information about the communication needs of people living at Fairlea and how these were to be met. The area manager was aware of the accessible information standard. They could produce easy read, pictorial and large print versions of information for people if needed. This information is important to demonstrate the provider is complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

At our last inspection we identified failure to keep accurate records and monitor accidents and incidents at the home to ensure safety and notifications of incidents had not been sent to the CQC. Improvements had been made and the service had met the requirement notices.

The registered manager had been at the service since May 2018. One staff member told us "They are a good manager." From the notifications we had received the registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.

People were encouraged to provide verbal or written feedback to staff about their experiences of the service; we saw the results of the previous year's surveys. Which showed positive feedback about the service. One relative told us "The staff have built a good relationship with [name] and we receive regular (useful) feedback on how he is doing, his activities, any particular needs and new strategies. Since the new manager joined this has improved further and we are aware that he takes a proactive lead in working with [name] too. Whenever we have questions or concerns the manager and the team are very quick to respond and to make necessary changes. Overall we are very pleased with how things are going and look forward to continuing to work with them in the future."

The provider had systems in place to review, monitor and improve the quality of service delivery. Safe staffing assessments were to be developed which would ensure the service not only had sufficient staff but they had the right skills and competencies to meet people's needs. There was also a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The area manager shared a business improvement plan with us showing how they were going to develop the service, for example changes to the environment.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development

opportunities.