

Dolphin Care Limited

Kingfisher Court

Inspection report

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Date of inspection visit:
27 April 2016

Date of publication:
01 June 2016

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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

This unannounced comprehensive inspection took place on 27 April 2016. The last inspection took place on 19 June 2014. The service was meeting the requirements of the regulations at this time.

Kingfisher Court is a care home which offers nursing care and support for up to 13 people. The service is purpose built to provide specialist accommodation and rehabilitation facilities for those with acquired brain injury and associated neurological conditions. At the time of the inspection there were 12 people living at the service.

The service had 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.

We walked around the service which was spacious, airy and comfortable. Each person's room was ensuite and personalised to reflect their individual tastes. People received very personalised care and were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identifying if any errors occurred.

The service had identified the numbers of staff required to meet people's needs and these were being met. Some people required one to one support from staff throughout the day and we saw this was provided.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their roles and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was provided. For example, epilepsy care, continence and stoma care and care of people with acquired brain injury.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service and share information related to people living at the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. One person who had specific dietary needs had requested and was being provided with the necessary equipment in their room to enable them to prepare some of their own meals.

The registered manager, deputy manager and all staff had a good understanding of the Mental Capacity Act

2005. Applications had been made for authorisations for potentially restrictive care plans. Authorisations had been granted for people to be deprived of their liberty so that they could be cared for safely. The service had robust processes and procedures in place to monitor when reviews of these authorisations were due.

Care plans were well organised, detailed and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. People were involved in the planning of their own care and where appropriate, relatives were included.

Activities were provided on a one to one basis by staff according to each person's needs and interests. People were supported to have good access to the local community and were able to take part in varied activities that they enjoyed.

The registered manager was supported by the provider through regular telephone conversations and meetings. At the service support was provided by the deputy manager and a motivated team of nurses and senior care staff. Some staff had worked at the service for some time and all staff told us they enjoyed their work and felt they were a good team.

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 told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed

Good ●

Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their individual needs.

Staff were supported with regular supervision and appraisals. Staff received specific training necessary to meet people's needs.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good ●

Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were very positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

Good ●

The service was responsive. People received individualised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team.

Good ●

Kingfisher Court

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 checked 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 took place on 27 April 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who lived at the service. Not everyone we met who was living at Kingfisher Court was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We looked at care documentation for two people living at the service, medicines records for seven people, five staff files, training records and other records relating to the management of the service.

During the inspection we spoke with four relatives of people living at the service, four staff and one visiting healthcare professional. Following the inspection we spoke with two families and a further healthcare professional.

Is the service safe?

Our findings

People, their families and visiting healthcare professionals told us they felt it was safe at Kingfisher Court. People living at the service felt they were safe whilst being supported to take measured risks and maintain as much independence as possible.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area.

The service held the personal money for some people who lived at the service. People were able to easily access this money to use when out in the community, to purchase items such as toiletries or other things they may wish to purchase. The money was managed by the registered manager. We checked the money held for two people against the records kept at the service and both tallied. The accounts were audited externally at head office each month. Three people living at the service managed their own money.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited each month by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had mostly been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. These medicines held were checked against the records by staff at the beginning of each shift. This helped ensure any issues would be recognised and addressed immediately.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant that any fault with the refrigerator would be noticed in a timely manner and the safe storage of any items stored could be assured. Staff training records showed all staff who supported people with medicines had received appropriate training. The service had been audited by an external pharmacist earlier in April 2016 and no issues were identified as needing action. The service were auditing their medicine processes and systems each month. We saw issues had been identified where some staff had not always signed when medicines had been given. This had been addressed with the specific staff member at supervision.

The environment was clean and there were no malodours. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for

staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. The service regularly assessed people's moods and support needs prior to using transport and going out in to the local community. This meant the service was assessing each individual's needs throughout the day, then assessing how many staff were required to support the person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained detailed information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan stated; "Staff must be conscious that they could easily disempower (the person's name) if they continue a task without the involvement of (the person's name)" and "Ask if the person feels safe."

Kingfisher Court was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

The service held a file of information which identified the action to be taken for each person in the event of an emergency evacuation of the service including details of their mobility and equipment needs. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

People, relatives and visiting healthcare professionals told us they felt there was a level of staffing that enabled people to be accompanied to go outside when they wished to and that met their needs. During the inspection we saw people's needs were met quickly. We saw from the staff rota there were seven support workers who worked 12 hour shifts from 7 am to 7 pm. Each shift was supported by a nurse and a manager. There were four support workers who worked at night supported by one nurse. Some people had been assessed as requiring one to one support throughout the day. We saw this was provided. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

People told us they were happy living at the service and with the care and support they received. One person told us; "I live my life pretty much how I choose. I can go out when I like and there are always staff available to be with me."

Relatives we spoke with told us; "We are very happy with the care here" and "Everyone is very welcoming and we are always invited to join (the person's name) for a meal and a drink during our visits."

Following the inspection we spoke with visiting healthcare professionals who told us they had no concerns about the service and found them to provide effective individualised care.

The premises were in good order. The service was purpose built and specifically designed for people with a range of physical disabilities. All areas of the service were wheelchair accessible. There was a sensory room which provided a quiet space as well as a physiotherapy room used by visiting therapists. One person had a room set up with their own computer. This supported them to carry out their choice of work and follow their specific interests. Another person had requested and been provided with the necessary equipment to prepare their own meals in their room.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. All training was provided in face to face teaching sessions. The registered manager had gathered feedback from the staff and found that this was the most acceptable method of supporting staff with their training needs.

Staff received specific training relevant for their roles and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was provided. For example, epilepsy care, continence and stoma care and care of people with acquired brain injury.

In care files we saw there was specific guidance provided for staff. For example, post-traumatic stress disorder, spinal injury and epilepsy. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and

procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. New staff were also provided with a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

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. The staff and management at the service were clear on this legislation. Training had been provided for all staff on the MCA and DoLS. Care plans contained capacity assessments along with records of best interest meetings held to support a person to make a decision.

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 (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 were being met. The registered manager was aware of changes that had taken place following a Supreme Court judgement in 2014 which changed the criteria when someone requires an authorisation to be deprived of their liberty. The service had applied for authorisations for potentially restrictive care plans. Applications had been authorised for some people living at Kingfisher Court. The service had robust systems for ensuring that any review dates were monitored and any conditions set as part of the authorisation were complied with.

The service had records of any lasting powers of attorney that had been granted by people living at the service. This meant they could be contacted if needed to support the person in decision making when appropriate.

We observed the lunch time period in one of the dining rooms. Staff joined people to eat their lunch. It was a homely and sociable atmosphere. Visiting family members ate with their relatives. The food looked appetising and was enjoyed by people. People and their relatives told us there was a choice of what they ate and that they could arrange to have something specific if they wished. Choices and options of meals available were provided in a pictorial format to support people with their decision making. People who required to have their food pureed were presented with each item separately pureed on the plate next to each other. This meant the food remained attractive and was not a plate of one coloured puree.

We spoke with the chef who was temporary and standing in for the permanent chef. They had access to fresh foods to prepare meals on the premises. The chef carried out Safer Food, Better Business checks on a regular basis. They were aware of people's dietary needs and requirements. The service had been inspected by the Food Standards Agency in May 2015 and awarded five stars. Support staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person had recently had a period of being unwell, this had affected their appetite and they had lost weight. We reviewed this person's charts and saw that staff were regularly recording the intake for this person. These

records were monitored and totalled each day and any action necessary was taken. For example, one person had choked on some food recently. Their care file stated they had been assessed by speech and language therapists to have a mashable diet to avoid the risk of choking. We saw this was provided.

People had access to a range of healthcare professionals including GP's, speech and language therapists, community psychiatric nurses, opticians and chiropodists. People were supported to attend a variety of out patient clinics to see consultants. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

People told us staff were caring. Relatives comments included; "I love it here, everyone is so kind" and "(The person's name) is always clean and well cared for when we visit."

Families felt involved in the care of their relatives. People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their family members care plans and they would be invited to attend any care plan review meeting if they wished. Relatives comments included; "I only have praise for the place, they are kind, sensitive, honest and always have time for us."

We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People were well cared for.

People's dignity and privacy was respected. In communal areas staff spoke quietly to people when offering to support them with their toileting needs. Some people declined to have care provided at times and this was respected by staff.

The nurses had a leadership role for ensuring people's care plans were up to date, acting as their advocate within the service and communicating with health professionals and relatives.

People's life and medical histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

People's bedrooms were decorated and furnished to reflect their personal tastes. Each person had their name and sometimes a picture on their door that was personal to them. This created a familiar feel for people living at the service. The atmosphere at the service was calm and relaxed with people moving around as they chose.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably.

The service spent time with each person living at the service to gain their views and experiences of receiving care and support at Kingfisher Court. There had been a survey carried out to record these views. The responses were mostly positive, where any issues were identified these had been addressed with the person. Some people had identified a concern with the tagging of clothing that went to the laundry. Some items were not being returned to their owners efficiently.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and

understanding way. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas as they wished.

Is the service responsive?

Our findings

Relatives told us; "We have raised a couple of things to the manager and they have all been resolved quickly and effectively" and "They (support staff) have arranged for (the person's name) to go to football on Saturday. They are big fans."

A visiting healthcare professional told us the management at the service was very good at communicating and managing challenging situations well.

The registered manager was knowledgeable about people's needs. Each person was assessed prior to moving into the service. This helped ensure the service could meet their needs and expectations.

People were supported to maintain links with the local community, enjoy their favourite hobbies and pastimes as well as keep in contact with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People living at Kingfisher Court had complex care and support needs requiring 24 hour constant monitoring. Care plans were very detailed and individualised. They contained a great deal of information with clear guidance for staff on how to support people well. Information was provided on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People signed in agreement to the content of their own care plans and assessments which in some cases had been written by the person themselves. Family members, if appropriate, were given the opportunity to sign in agreement with the content of their relatives care plans.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Staff were knowledgeable about individuals care and support needs. Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. There was a staff handover meeting at each shift change. During these meetings staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. Good communication helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. Support staff worked on a one

to one basis with people to take part in things that they enjoyed. The service was supporting a member of staff to attend a course on nail care, as some of the people living at the service enjoyed having their nails varnished. Staff were provided with training to drive a minibus that took individuals out regularly to places of their choice. One relative told us; "There is always something going on when we visit, we see staff sitting with people working on some craft or artwork or chatting with people."

Social folders were being created by support staff together with people who wished to take part. These folders contained details of activities they enjoyed and photographs of events that they wished to remember.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided upon admission to the service. People told us they had not had any reason to complain. We saw that the service had responded to past concerns raised in a timely manner in accordance with the time frame set in their own policy

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was approachable and friendly. Comments included; "I have huge respect for the place as they allow (the person's name) to contribute to the home in a variety of ways and this is so important" and "The staff always call us if there are any concerns, and if you call the home there is always someone there who will speak with you and information gets passed on."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and a motivated team of nurses and support workers. The registered manager received good support from the provider.

Staff told us they felt well supported through supervision and regular staff meetings. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. Staff commented; "The manager is very approachable and supportive" and "We have regular staff meetings and problems are solved, we asked for there to be a change in the way staff are allocated to support people who go out in to the community and this was done." All groups of staff were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between support staff and the registered manager. This helped ensure everyone who worked with people who lived at Kingfisher Court were aware of the current needs of each individual.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided. For example, the service had carried out a survey about the food provided. We saw the responses to this survey and the views and wishes of people had been taken in to account with new menus planned.

The service was clean and well maintained. There was a programme of maintenance and auditing of the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

The policies and procedures for the service were under review at the time of this inspection. The provider had delayed the planned review to take account of the Care Act and the impact of this legislation on the service's procedures. All staff had signed when they had read and understood each policy and procedure.

The service had recently been through a period that had put some pressure on the staff and management. This situation had now resolved and the registered manager told us they were proud of how the staff team

had addressed the issue. The service had worked hard to ensure that this period of pressure had not adversely affected the quality and continuity of the service they provided to people who lived there.