

# Dolphin Homes Limited

# Caroline House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

What life is like for people using this service: People did not always receive a service that provided them with safe, effective, compassionate and high-quality care. The management of risk was ineffective and placed people at risk of harm. People's human rights were not always upheld as the principles of the Mental Capacity Act 2005 were not adhered to. People were not always empowered to make choices and have control over their care and people. The service was not well led and there was a lack of robust and effective quality assurance processes in place. People told us staff were kind and treated them with respect and people lived in a clean environment.

Rating at last inspection: Good, published 13 June 2017

About the service: Caroline House is a residential care home that was providing personal care to eight people living with a learning disability at the time of the inspection.

Why we inspected: This was a comprehensive inspection brought forward due to information of risk or concern. The inspection was partly prompted by an incident which had a serious impact on a person using the service and that this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks.

Follow up: As the service is rated as requires improvement, we will request an action plan from the registered provider about how they plan to improve the rating to good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our findings below.

**Requires Improvement** ●

# Caroline House

## Detailed findings

### Background to this inspection

#### The 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.

Inspection team: One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Caroline House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were eight people living at Caroline House, all of whom lived with a learning disability.

The service had a registered manager. 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.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We used this information to help us decide what areas to focus on during our inspection.

This inspection included speaking with two people, four relatives, four members of staff, the positive support lead, the registered manager and the area manager. We reviewed records related to the care of four people and the medicine records of four people. We reviewed staff recruitment, supervision and appraisal

records for four staff. We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaints information. We asked for further information following the inspection including rota's, and risk assessments and these were received.

# Is the service safe?

## Our findings

People were not safe and not protected from avoidable harm

Supporting people to stay safe from harm and abuse

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed, monitored or mitigated effectively. For example, risks assessments related to the use of hoists did not contain sufficient information to support staff in how to use them safely.
- Another individual had been assessed by the Speech and Language Therapy Team (SLT) and was identified to be at risk of choking and required a pureed diet. However, care records contained contradictory information regarding how staff should support them to eat safely. For example, their record contained references to staff preparing their food in two contradictory consistencies. This meant staff did not have clear guidance on how to support this person safely with their meals'.
- We could not be assured that people were safe from harm because staff did not have the correct information to keep people safe. We discussed this with the registered manager who told us that they had moved from paper to electronic records. The registered manager said he would reinstate the old support plans which contained more detail and review the risk assessments that were in place.
- Risks associated with people's mobility were not robustly assessed. When we asked the registered manager if assessments had been conducted and recorded in relation to the manual hoist, they told us "No," "Just be aware of weight difference, if the slings have loops we use them."
- The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Risk assessments were not always robustly reviewed following incidents. For example, incident records demonstrated that one person had a choking incident at Caroline House but their choking risk assessment which was reviewed in light of this incident did not contain all of the relevant information from the SLT guidelines. The SLT guidelines stated, 'She should not be given boiled sweets' and, 'Offer meals with smaller cutlery (e.g. a large handled teaspoon).' The impact of people living at Caroline House was minimal as this information was available in the support plan however, was not in the risk assessment. We spoke to the registered manager about this and he gave assurances that he would be reviewing all risk assessments and support plans to ensure they contain the relevant detail.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required and this was checked by two staff.

- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure they continued to practice safe medicines administration.
- Where medicine errors were found during checks, they were not consistently dealt and investigated thoroughly. For example, one person was administered a medicine that was a year out of date. The medicine error process had been started, however there was no evidence that staff's competency was checked following the incident.
- Relatives told us they were happy with the support people received with medicines. One relative told us, "I know they are all locked away."

### Safeguarding systems and processes

- When we asked people if they thought the service was safe, one person told us, "When I talk to the staff I feel safe." Relatives commented, "Yes, very much so" and "I think they generally have the right number of staff and they are appropriately trained. They look out for body language and get to know her pretty well."
- The provider had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding; what to look for and how to report concerns.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

### Staffing levels

- The provider had ensured enough staff were on shift so that people received support in a timely way. People told us there were enough staff deployed. We asked their relatives if there were enough staff, their comments included, "I do think they could do with a couple more" and, "I do, yes." Documents demonstrated that there were sufficient staff deployed. The registered manager told us about arrangements to cover short term absence, they commented, "We use our own staff, bank staff and as a last resort we have to use agency. We carry out induction if they are not familiar to the home."
- People were protected from the employment of unsuitable staff because the provider followed safe recruitment practices.

### Preventing and controlling infection

- People and relatives told us the home was clean. One relative told us, "[Person] room is always nicely tidy and clean and they are decorating at the moment. It is personalised."
- Staff had received training in infection control and had access to protective personal equipment such as gloves and aprons.

# Is the service effective?

## Our findings

People's care, treatment and support doesn't always achieve good outcomes, doesn't promote a good quality of life and is not based on best available evidence.

Effectiveness of care, treatment and support: outcomes, quality of life

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 Act requires 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.
- Staff did not always have a clear understanding of the Act which led to a failure to adhere to the principles of the Act. For example, when we asked staff what their understanding of the MCA was, three staff commented, "Everyone has capacity unless proven otherwise" however they were unable to elaborate further. We checked whether the staff members had been trained, we found 80 percent of staff had received training in MCA and DoLS.
- Documentation supporting the application of the MCA 2005 was inconsistent and unclear. Where consent forms were in place it was not clear what people were consenting to.
- Best interest decisions and capacity assessments were not always documented appropriately. For example, one person had camera monitoring equipment for observational reasons in their bedroom. The registered manager was not able to provide any documentation in respect of a capacity assessment or best interest decision to install and monitor this equipment. The registered manager told us as "I don't know if I will be able to find it, it was a long time ago."
- The failure to work within the principles of The Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 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. Two people living at Caroline House had a DoLS authorisation in place. DoLS authorisations had been applied for six people and were awaiting assessment. There were no restrictions on the two authorisations that were in place.

Adapting service, design, decoration to meet people's needs

- The provider did not always ensure that the environment was safe for people using the service.
- The garden which was in use was used to store junk, we observed an old washing machine, broken BBQ and a lot of old furniture which required dumping. The registered manager told us that he intends to dispose of these items soon.
- We observed two plug sockets, one next to the fridge and one where the TV was plugged in that were loose.

We also observed a broken radiator cover which had a hole in it with jagged edges. We spoke to the Registered manager about this and the plug sockets and the radiator cover were repaired on the first day of the inspection.

- Areas of the home were being redecorated. At the time of the inspection the kitchen was being decorated, decorating equipment restricted kitchen access for some people. Whilst access to the kitchen was sometimes restricted, consideration had been given to supporting people to access the community for mealtimes, to minimise the risk of disruption in the service. Where people remained at the service during mealtimes, staff support was available and some people had access to their own kitchens in their own self-contained flats.
- People's rooms were personalised with pictures and their own furnishings however communal areas contained minimum pictures and homely decorations. We spoke to the registered manager about this and they assured us that efforts had begun to be made to make the home look homelier. During the second day of the inspection, people were supported to go shopping and choose wallpaper for the communal lounge area.

#### Staff skills, knowledge and experience

- Staff were competent, knowledgeable about people's needs, skilled and carried out their roles effectively. Relatives told us, "The staff are very patient and explain everything" and, "I like them very much, they do a very good job."
- Documents demonstrated that staff had completed a comprehensive induction.
- Not all staff had received regular supervision or had an annual appraisal. Despite, the lack of formal supervision, most staff told us they felt well supported in their role however one staff member told us, "No documented supervision in last four months" and "I have not had an appraisal in 3 years." The deputy manager told us they had started supervisions and had planned to make them more regular.

#### Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- Where people required their food and fluid to be prepared differently because of medical need or problems with swallowing this was catered for.
- In the safe section of the report we highlighted concerns around translating of Speech and Language Therapy (SLT) guidelines to support plans and risk assessments, however documents demonstrated that following any choking incident support was sought from the relevant professionals.
- One person said, "Staff ask me what I want". Another person said, "I have tea and orange juice, and black current juice or lemon juice". A staff member told us, "We give them options" and another staff member told us that choices were evidenced during people's weekly meetings.

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

- People's needs were assessed before moving into Caroline House. This included their physical, social and emotional support needs, as well as any needs associated with protected equality characteristics. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met. The registered manager told us, "We have people who attend church and we support [person] to maintain a relationship with their boyfriend. They go out on dates and have been together for five years."

#### Staff providing consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. We observed that a dietician was involved and offering support with Peg feeding. Peg feeding is where a person is fed through a percutaneous endoscopic gastrostomy (PEG), which is a tube surgically passed into their stomach through the abdominal wall.
- Staff told us they worked well as a team and described the handover process where they could pass on information to each other about people's changing needs as well as the use of a communication book.
- Information was handed to other agencies if people needed to access other services such as hospital, for example each person had a hospital passport in place.

# Is the service caring?

## Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care. We observed during the inspection that staff knocked on people's bedroom doors before entering.
- People and staff told us people were treated with respect. One person told us "I am treated with respect and they are all very kind". One member of staff told us, "We encourage people to do things for themselves, [person] would give anything a go." Another staff member told us, "We try to get people to do things for themselves, adapt environment so they have independence to do this on their own with additional equipment."
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, gender, race and sexual orientation. The registered manager told us that they support people to access church and they had supported someone to maintain a five-year relationship with their boyfriend and told us they would consider looking more closely at all aspects of the equalities act.

Ensuring people are well treated and supported

- People and relatives were positive about the staff and said they were treated with kindness. One person told us, "Nice people, I get on with them." Relatives comments included, "When my relative was in hospital the staff were visiting on their days off which they didn't really have to do. So that's really nice" and, "[Person] is more than happy."
- Staff recognised when people were distressed and provided support. We observed positive interactions between staff and people.
- People told us staff protected their privacy and dignity, one person told us, "Staff knock on my door before entering."
- A member of staff described to us how they ensure people are supported, they said, "[Person] loves church, they visit here and [person] goes every week. When it was snowing we did a service here for her."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives.
- We asked people if staff listened to their choices, one person commented, "They listen to me."

- Where people were unable to verbally communicate their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- The Accessible Information Standard is a framework which was 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. The registered manager told us, "We have some symbols we use. The complaints procedure is offered in a different format and everyone has an accessible information support plan." We saw evidence of the information that was available in accessible format.

## Is the service responsive?

### Our findings

People did not always receive personalised care that responded to their needs

How people's needs are met

Personalised care

- When asked if staff knew what was important to them people's responses were mixed, one person said "Yeah," while another person stated "No." One person felt staff spend sufficient time with them and another stated, "They are rushing around, "I would like more time with them."
- Relatives felt that their family member got what they wanted, their comments included, "I would say yes because my relative has got a boyfriend who also visits, and they go out together, staff are present," "Yes, my relative does" and, "Yeah, goes out does things that she wants to do."
- People's likes, dislikes and preferences were documented in their care plans however care plans and risk assessments were not always accurate and up to date or did not contain sufficient detail to ensure they received personalised care. For example, documents demonstrated that one person liked to use an alphabet board, however there were no instructions to guide staff on how this was to be used. Staff demonstrated that they knew how to use this however there was a risk that unfamiliar staff such as agency would be unable to communicate effectively with this person. One person's support plans and risk assessments contained another person's name and although the person was female the terms 'he' and 'him' were used to refer the them. This suggested that it was copied and pasted from a generic support plan and was not person centred.
- Documents stated that people should be involved in decisions and we saw evidence that people were involved in their keyworker meetings.
- The failure to maintain accurate, complete records in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improving care quality in response to complaints or concerns

- People told us they did not know how to make a complaint, their relatives however, told us they did know how to make a complaint; and they felt these would be listened to and acted upon. One relative told us, "The manager has two places to run, I talk to [registered manager] about anything I want and he's proactive in what he does." Documents demonstrated that complaints were responded to in writing in the specified timeframe, however we saw one response to a complaint made in March 2018 making assurances that the health action plan would be updated, we checked the health action plan and these changes had not been made. This demonstrated that proportionate action was not always taken in response to a failure identified by a complainant. We talked to the registered manager about this who updated the health action plan and emailed us a copy. The registered manager told us that they are planning to look at the accessible information standard in more detail. This will enable the provider to offer people information in a more accessible format.
- Subsequent to the inspection, the provider had taken action to display a copy of the complaints policy in

an accessible format for people within the service.

- We saw that another concern had been raised but the response had not been recorded in the complaints file. The registered manager was able to locate the response and print it out for the file. However, the system for reviewing complaints and considering any emerging trends, themes or patterns was not always effective as complaints were not consistently held centrally in one file.
- The failure to take proportionate action in response to any failure identified by the complaint or investigation is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### End of life care and support

- People did not have end of life care plans in place however no-one was receiving end of life care. This meant there was a risk that staff would not be aware of people's preferences should this situation occur.
- Staff had not received training on end of life care, however, healthcare professionals were involved with people as appropriate. We discussed this with the registered manager who assured us this was something he would look into discussing with people however he felt that some people may find it too distressing to discuss. We discussed that if this was the case it could be documented to evidence that this had been considered.

# Is the service well-led?

## Our findings

Leadership and management do not assure person-centred, high quality care and a fair and open culture.

Leadership and management

Plan to promote person-centred, high-quality care and good outcomes for people

- People did not always receive high quality care. This has been demonstrated in the other domains of this report.
- When things went wrong, although apologies and an explanation had been provided for people the action plans were not always completed, this has been demonstrated in the other domains of this report.
- Staff told us they felt supported by the manager and the deputy manager.
- Staff demonstrated commitment to the people living in the home and told us they wanted to provide good quality care to the people living there. The registered manager told us they were determined to make improvements at Caroline House so people experienced a good quality of life.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager had been registered since December 2016. They told us that during this time they had been managing two care homes which had been difficult. A clear management structure had now been developed and a deputy manager had been employed to support them in their role.
- We found the quality assurance processes to be ineffective and did not always pick up on the issues identified at this inspection. These included concerns with, records and risk management. Where audits had been undertaken these had not always be completed consistently and in a way, that would assess the quality of the service provided. For example, in April and May 2018 six people's reviews were exactly the same, written in a generic way and did not relate to the individual being reviewed and included the wrong person's name.
- The audit for October 2018 had a change of format and looked at things under the five key questions however this referred to people as PWS throughout and consistently talked about the registered manager being female. It was clear that the audit was completed in relation to another service. Action plans were incomplete or missing. We spoke to the registered manager about this and he told us he was disappointed that he hadn't checked them when they came through and he normally just looked at the action plan. He told us he would be checking them in more detail in future. We could not be assured that systems and processes were continually reviewed to make sure they remain fit for purpose.
- Concerns were identified with records. These included missing, incomplete, inaccurate and conflicting care plans and risk assessments that were not detailed. There was a risk that if robust records were not put in place, this could negatively impact on people's health, safety and well-being. A failure to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Engaging and involving people using the service, the public and staff; Working in partnership with others

- Some records demonstrated that people or their relatives had been involved in decisions about their care or the running of the service. Surveys to gain feedback about the service had been sent out although we were not assured the results were collated and shared. Keyworker meetings for people were held periodically. Feedback surveys were completed and feedback sought but there was no recorded action about how improvements had been made. For example, some people identified that they were not involved in planning care and did not feel the service was value for money but no action had been recorded to state that these issues had been responded to or rectified. This meant that the views from people involved with the service were not always considered or acted upon to make improvements. Review meetings with people did not demonstrate that people's views had been sought.
- The registered manager told us that there were a few links with the local community, some people attend their local church. Staff told us that people access, swimming and cinema.
- Staff meetings were held and staff were asked for their feedback on what was working well and what wasn't working well.

## Continuous learning and improving care

- The registered manager had action plans following some audits however there was no improvement plan in place. The registered manager confirmed that improvement in the service had been slow due to them covering another care home and not having enough time to make improvements. For example, concerns about the area outside Caroline House and the junk collecting in the garden had been raised on several previous audits however had not been completed.
- Incidents did not always prompt learning to improve care. For example, we saw from the incident records that one person had been given medication which was out of date by a year. This was addressed under the safe question. The registered manager had not completed all of the 'Managers Investigation report summary' on the documentation. The medication error process had not been engaged and there was no evidence that these had been followed up or that staff had learnt from these incidents to improve care for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Care and treatment of service users was not provided with the consent of the relevant person. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to assess and mitigate risks to the health and safety of service users and to provide care and treatment in a safe way 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The failure to take appropriate action without delay and the failure to have effective systems in place to monitor complaints and maintain a record of all complaints, outcomes and actions taken Regulation 16 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user.

