

Leeds City Council

# Dolphin Manor

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

What life is like for people using this service:

Everyone we spoke with told us Dolphin Manor was a homely place to reside and visit, that staff were kind and caring and that people were treated with respect.

People were involved in their day to day lives through being empowered to make their own choices about where they spent their time, who with and how. Their independence was promoted and staff actively ensured people maintained links with their friends and family.

People's health was well managed and staff had positive links with professionals which promoted wellbeing for them.

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

The environment was safe and people had access to appropriate equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

People felt the use of agency staff at times affected the experience they had of the service. The registered manager worked hard to provide consistent agency workers to overcome this. An ongoing project to recruit suitable permanent workers was in place.

Staff had a good knowledge of how to keep people safe from avoidable harm however we recommended that the provider commence using evidence based risk assessment tools to aid the knowledge staff have.

People were supported to take their medicines in a safe way, but staff did not always have robust details on when to give medicines that were prescribed 'as and when required'.

There was enough staff on duty at the right time to enable people to receive care in a timely way. In addition, people had opportunity to access a wide range of activities including access to the local community.

Lots of checks were completed by staff, the registered manager and provider to check the quality and safety of the service. We found some areas for development which the provider had not recognised. The provider agreed to review their approach and make necessary changes.

The registered manager and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that they

listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 9 February 2015)

About the service: Dolphin Manor is a care home that provides personal care for up to 35 people, some of whom are living with dementia. At the time of the inspection 29 people lived in the service. Most people live in the service permanently, and some spend short periods there to provide respite to their main carers. In addition, some people move to the service from hospital whilst an assessment is carried out to see which services they require in their own home.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 consistently safe

Details are in our findings below.

Requires Improvement 

### Is the service effective?

The service was effective

Details are in our findings below.

Good 

### Is the service caring?

The service was caring

Details are in our findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our findings below.

Good 

# Dolphin Manor

## 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:** Two inspectors visited on both days of the inspection. An expert by experience supported the inspection on day one. 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:** Dolphin Manor 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

**What we did when preparing for and carrying out this inspection:**

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 14 people who used the service and three relatives to ask about their experience of the care provided. In addition, we spoke with a visiting GP during the inspection.

We spoke with eight members of staff including the registered manager, service delivery manager, assistant managers, chef, and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at three staff files in relation to supervision records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

People were not consistently safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. However, evidence based tools were not used to assess certain areas such as falls and pressure area care. The records used to monitor those risks such as hydration, nutrition and pressure care were not always well maintained.

We made a recommendation that the provider source and use recognised assessment tools to understand risk, appropriate control measures, monitoring methods and where required when to report issues to professionals.

- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

### Staffing levels

- People and their relatives told us they received care in a timely way but at times felt the use of agency staff affected their experience of the care they received. One person told us, "The managers try to use the same agency staff if they can but when it's people we don't know, and they don't know us, it's not as good." The registered manager confirmed there was an on-going recruitment project to attract new permanent staff.
- The provider did not use a formal tool to assess how many staff were required based on people's needs. We spoke with the service delivery manager who agreed to look at this following the inspection.
- No permanent staff had been recruited since our last inspection. We saw the provider had robust procedures in place to ensure future recruitment was safe. Where agency workers were used the agency had not always provided information the registered manager required. The registered manager agreed to ensure this happened in the future.

### Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives were able to explain to us how the staff maintained their safety. One person said, "I feel very safe as the staff look after me really well. I can walk pretty well but it is reassuring to know they are on hand." A relative told us, "It's brilliant here and I'm more than happy with my family member's care. I have been able to sleep at night since they came here."

### Using medicines safely

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required. People were encouraged to manage their own medicines where they had those skills.

- Where people were prescribed medicines to take 'as and when required' little detail to guide staff on when to administer them was available. The registered manager agreed to improve these records in line with current good practice.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines. One person told us, "Staff are very good. I take my tablets myself. I know what they all are and when I should take them. Staff bring my tablets and a drink of water and wait until I have taken them."

#### Preventing and controlling infection

- The service managed the control and prevention of infection well. A programme of refurbishment was ongoing.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The staff did not always review risk assessments and care plans following incidents. The registered manager agreed to do this in the future.



# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

- Assessments of people's needs were comprehensive for those who lived in the service permanently and expected outcomes were identified. Care and support was regularly reviewed for those people. Where people were supported on a respite basis this was not always the case. The registered manager made changes to the system during the inspection to prevent this happening in the future.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "Staff seem very competent at what they do."
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The registered manager had a good system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.

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 to be prepared differently because of medical need or problems with swallowing this was catered for. One person told us, "The food is good. I really like the breakfast here. You can have anything you want. Sometimes I have bacon and eggs and sometimes I might just have porridge."

Healthcare support

- Where people required support from external healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals. This could be improved by a document being shared which contained person centred details about how to care for people. The provider agreed to do this.
- The GP visited the service weekly. This had led to a reduction in admissions to hospital.
- It was difficult to find the last date people saw some professionals, for example the dentist. The provider told us they would implement a better system in the care plans so dates were easier to locate.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. Small lounges were well used and people had made them homely with their personal items. One person told us, "I like to come in here (the lounge) because I've made friends with people and we can

have a chat. I can sing all day if I want to and nobody stops me."

- The garden area was not well maintained so people could be proud of its appearance. The service delivery manager made changes to the gardening contract during the inspection to improve this area.
- Technology and equipment was used effectively to meet people's care and support needs.

#### 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. 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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they 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. Records were not always clear where decisions had been made in people's best interests or they had been asked to sign to consent. The registered manager agreed to review this.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

## Is the service caring?

### Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "The staff are just amazing. You only have to tell them something once and it is acted on straight away." A relative told us, "The staff are fantastic. I come every other day and I've never seen nothing but kindness towards people here."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to 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 visiting GP told us, "People are well cared for and staff know people well. Rarely do they not know what is needed for people. If I had a relative who required support I would not hesitate for them to live here."

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. Where needed they sought external professional help to support decision making for people. One relative told us, "When my family member first came here, we went through everything. We talked about their likes and dislikes and about their end of life wishes. It was a good thing to do because everyone knows what they want now."
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. People told us, "I like to come in the lounge because I like to know what is going on. It's nice in here" and "I go to bed whenever I am ready."
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were invited to have meals with people if they wanted to.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. The visiting GP told us, "Staff treat people with respect."
- People were supported to maintain their independence particularly when they would be returning home. Small kitchen spaces were accessible so people could make their own drinks and snacks. Staff had supported one person to improve their independence following a stroke by involving professionals to access aids to help them dress themselves.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs.

### Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. One person told us, "I am Roman Catholic and a minister comes every Sunday to bring me communion. At Christmas, there was a joint service with the priest and a protestant minister which was lovely. It was nice to see how well they got on together."
- Care workers were responsible for activities provision. One of the assistant managers had been asked to lead activities provision and they planned to discuss what people liked to do and make a weekly activities planner for staff to follow.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. People told us, "The staff are always doing something. This morning one of them brought some picture cards to me and we sat talking about what was on them. It was all things that took me back to when I was a girl, so I really enjoyed it" and "There are a few people who like opera so on Saturdays we get them together and play some Pavarotti. On Sundays we have a sing along get together and we have beer and wine, so people think it's more like a day out."

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One relative said, "Anything I have had to tell them has only been niggles, so I wouldn't even call it complaints. The important thing is that anything I've mentioned gets dealt with straight away which is good."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were

comfortable and pain free.

- The service supported people's relatives and friends as well as staff, before and after a person passed away.

# Is the service well-led?

## Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Promotion of person-centred, high-quality care and good outcomes for people

- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred and their views about raising funds for the service. A professional had responded to the feedback survey by stating 'Compared to other establishments we visit we feel this service provides very high standards of service and they treat people with respect and dignity'.

Manager's and staff roles, understanding of quality performance, risks and regulatory requirements.

Continuous improvements and improving care

- The service was well-run. People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required. Each member of the team had been allocated a champion role so they could focus on best practice in their area. The registered manager told us this would improve standards further.
- The quality assurance system included lots of checks carried out by staff, the manager and the provider representative. Some of the areas we have noted as needing development had not been picked up by the provider's quality assurance system. We discussed this with the service delivery manager who stated they were committed to reviewing their approach following the inspection.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- People, relatives and visiting professionals had completed a survey of their views and the feedback had been used to continuously improve the service.
- The provider had forged good links for the benefit of the service within the local community and key organisations, reflecting the needs and preferences of people in its care, and also, to aid service development.
- A culture of continuous learning meant staff objectives focused on this and improvement.