

# Dolphin Homes Limited

# Abbey House

## Inspection report

93 Station Road  
Netley Abbey  
Southampton  
Hampshire  
SO31 5AH

Tel: 02392475219  
Website: [www.dolphinhomes.co.uk](http://www.dolphinhomes.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbey House is a residential care home providing care and accommodation to up to eight people living with learning disabilities, sensory impairments or physical disabilities. They specialise in supporting people living with Prader-Willi syndrome. Prader-Willi syndrome is a genetic condition which causes a range of physical symptoms and learning disabilities. At the time of our inspection there were eight people using the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe and well led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The provider was passionate about promoting people's independence and supporting people to develop their skills and reduce restrictions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking

People and relatives gave mixed feedback about whether people always felt safe living at the service. There were times people living at the service experienced emotional distress which impacted on others wellbeing. The provider had implemented strategies and procedures to manage the risks and impact on people. People confirmed they felt safer with the measures the provider had implemented and were regularly asked for their feedback.

People and staff were supported to attend safeguarding training. Staff understood their responsibilities to safeguard people from abuse. There were appropriate policies and systems in place to safeguard people.

People's care and support was provided in a safe, clean, well equipped and well-furnished environment. The environment met peoples sensory and physical needs. There was some maintenance the provider was in the process of carrying out which when completed would enhance the environment.

People told us there were generally enough staff to meet their needs and we observed safe staffing levels throughout the inspection. Most staff confirmed there were enough staff, although agency staff were required to support staffing levels. The provider adjusted staffing levels to meet people's changing needs and supported additional staffing when required. However, some staff felt additional training and support

for night staff would be helpful.

Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence. The provider supported people and staff with debriefs following incidents and opportunities to feedback.

During the inspection staff were relaxed, confident and engaged with people consistently. We observed people being offered choice and being listened to. The registered manager understood the service they managed. They had a vision for the service and for each person who used the service. We observed the open-door policy in place within the service. Throughout the inspection people and staff approached the registered manager and we observed people clearly knew the registered manager.

People worked with managers and staff to develop and improve the service. The registered manager had a service improvement plan in place to drive improvements to the service. The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people.

The provider had systems and processes in place for monitoring the quality of care and to drive improvements. Staff felt included, confident and supported in making suggestions. The registered manager spoke about the importance of valuing staff and strived to be inclusive and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 21 March 2019).

Why we inspected

We received concerns in relation to safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection. We found the provider had effective strategies, procedures and policies in place to mitigate the risk of harm to people. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abbey 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Abbey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, two carers, the activities coordinator and the behavioural practitioner. We reviewed a range of records. This included support plans and medicines records for five people. We looked at three staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. After the inspection we continued to review a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. We continued to seek clarification from the provider to validate evidence found. We received feedback from seven relatives, one professional and six members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with gave mixed feedback about whether they felt safe at the service. There were times people living at the service experienced emotional distress which impacted on other people's physical and emotional wellbeing and they told us that when this happened, they did not always feel safe. The feedback from relatives in this respect was also mixed. One relative was concerned that the needs of other people using the service could impact on the safety of their family member.
- The registered manager had implemented clear processes and protocols to support anyone involved, or present, during any incidents. People confirmed staff followed these protocols and that they were reviewed following an incident. These protocols included notifying relevant authorities, such as the local authority and the police.
- The provider acknowledged how people and relatives felt and told us about the strategies and procedures they had implemented to manage the risks and impact on people. They were confident that the current mix of people living together was safe but acknowledged that the service did not suit everyone who lived there. Work was underway to address this.
- The provider worked with people and other professionals to identify personalised support measures and approaches to keep people safe which were implemented and reviewed regularly. People we spoke with confirmed the provider and registered manager were supportive and worked with them to identify such measures and that they felt safer with the measures implemented. They also confirmed they were regularly asked for their feedback. One person told us, "I don't think there is anything more they can do."
- People were supported to attend safeguarding awareness workshops to develop their knowledge and understanding of safeguarding. This meant people would be more likely to be able to identify potential safeguarding concerns and ensured they knew who they could speak to and how to report any concerns.
- Staff participated in annual training in safeguarding and understood their responsibilities to safeguard people from abuse. They knew how to raise concerns, both within their organisation and beyond, should the need arise. One staff member told us, "I feel confident in being able to raise any safeguarding concerns ... I believe anything I raised would be listened to and the appropriate action taken in regard to any concerns."
- There were appropriate policies and systems in place to protect people from abuse. The registered manager understood their responsibilities to safeguard people from abuse. Staff told us they were confident appropriate action would be taken if they had any concerns.

Assessing risk, safety monitoring and management

- People's care and support was provided in a safe, clean and well-equipped environment. The environment met people's sensory and physical needs. There was some maintenance the provider was in the process of carrying out which when completed would enhance the environment. For example, the flooring in the shared spaces and the electric gate. The provider had purchased new flooring and had a date

booked for it to be fitted. One staff member told us, "I feel the home is kept very clean and is well maintained to a degree but due to COVID some things in maintenance have fallen behind."

- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person had been supported to administer their own medicines.
- Staff demonstrated their knowledge and understanding of people's needs and how to support them to manage their individual risks. For example, staff were consistently aware of people's dietary needs and the importance to people to ensure their meals were as they expected them to be. The care plans for people provided guidance for staff to follow to support people to manage risks. Records we viewed, and staff confirmed, that people's needs were met through the use of supportive measures.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, fire or loss of services. People also had personal emergency evacuation plans (PEEPs) in place.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person told us, "They do ask for my consent and agreement."
- There were some restrictions in place for people which were not in place for others living at the service. Staff demonstrated their awareness and understanding of ensuring people's individualised restrictions did not impact on others. However, one person told us they had to wait sometimes for support to open the gate when they wanted to use it whilst they were waiting for it to be fixed. The provider was in the process of fixing the gate.
- Staff demonstrated their understanding of the MCA. One staff member told us, "It needs to be assumed for everyone mental capacity, giving people the choice to make decisions for themselves is really important, making sure restrictions are least restrictive as possible."
- The provider was passionate about promoting people's independence and supporting people to develop their skills and reduce restrictions. For example, the provider had identified a way to support one person to increase their independence and have reduced restrictions in place which was reflected in the person's most recent legal authorisation.

#### Staffing and recruitment

- People told us there were generally enough staff to meet their needs and we observed safe staffing levels throughout the inspection; staff appeared available and responsive to people. Some people felt they would benefit from additional one-to-one support hours but understood the funding authority were responsible for making this decision. They confirmed they were supported by the provider to advocate for additional support hours. For one person, the provider had funded additional support hours for a period to support their emotional wellbeing when the local authority had declined the person's request. The person told us how positive this had been for them.



- Most staff confirmed there were enough staff, although agency staff were required to support staffing levels. The registered manager was open about the challenges of recruiting new staff. However, they told us, and staff mostly confirmed, that they used regular agency staff to ensure consistency for people. Agency staff were able to attend bespoke training courses held at the service. One staff member told us, "Any agency we do use have been here a lot and know the guys and how things are done."
- The provider adjusted staffing levels to meet people's changing needs and supported additional staffing when required. For example, increasing the number of night staff when a person was experiencing a crisis. However, there were times this could not be planned for and some staff told us they felt the staffing levels at night were not always enough to meet people's needs when a person experienced a crisis. They told us they felt additional training and support for specific situations would be helpful. Such as when people were in crisis, or if many people were awake at the same time. As would a more thorough induction for agency workers working nights.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions, such as, evidence that pre-employment checks had been carried out. This included references and evidence of the applicant's identity. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist their decision making about when such medicines could be used, for example if people were in pain.
- The provider had systems and processes in place for the safe storage, administration and use of medicines.

#### Preventing and controlling infection; Visiting in care homes

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain contact with their family members and friends. The provider facilitated visits in accordance with government guidance.

#### Learning lessons when things go wrong

- A system was in place to record, monitor and investigate accidents and incidents with action taken to prevent a reoccurrence. This was overseen by the registered manager to ensure appropriate actions were taken to support people safely. For example, the provider had a robust protocol for investigating and managing medicines errors which included lessons learnt.
- Lessons learned were shared with the whole team and the wider organisation. One staff member told us, "It's useful to talk through incidents, lessons learnt, what worked well etc."
- The provider reviewed and analysed accidents and incidents to identify trends and patterns. The service

recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. The registered manager and positive behavioural practitioner reviewed the incidents and offered debriefs to the people involved, their staff team and witnesses. Accessible debriefs had been developed for people. For those who did not want a debrief, they were offered informal debriefs and opportunities to feedback in relaxed settings. For example, whilst supporting the person with an activity. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During the inspection staff were relaxed, confident and engaged with people consistently. We observed people being offered choice and being listened to. People told us, "I do pretty much what I want", "They know me well...treat me with dignity and respect" and "I feel listened to."
- The registered manager understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Comments from people included, "I know [registered manager's name]", "[Registered manager's name] listens to me" and "[Registered manager] listens to me all the time. He listens to the other residents as well."
- We observed the open-door policy in place within the service. Throughout the inspection people and staff approached the registered manager and we observed people clearly knew the registered manager and were comfortable with him. The registered manager knew people and their individual interests and spent time with people. We observed the registered manager supporting people to advocate for their wants and needs. For example, we observed the registered manager supporting one person to set up a meeting with their social worker.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. The provider had set up a system to share important updates and guidance to staff.
- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives. The provider had supported people to contribute to the bespoke training content and enabled them to be involved in delivering parts of the training if they wanted to.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans and risk assessments to facilitate them in providing care to people the way they preferred. People were involved in the creation of the care plans. One staff member told us, "[Person's name], when he moved in, we sat with him and asked him how he liked to be supported and involved him. Or like [person's name] will tell us she thinks this needs to be put in her care plan and we'll put it in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There were a number of systems and processes in place for monitoring the quality of care and to help drive ongoing improvements. The provider had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality personalised care which met their needs and preferences. Where issues were identified remedial action was taken.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.
- The registered manager had a service improvement plan in place to drive improvements to the service. For example, they had identified that whilst the service offered a choice of several activities outside of the service every day which people enjoyed, the in-house activities were not as variable. During the pandemic when people were not able to go out as much, the service had creatively implemented several activities for people within the service to ensure they remained engaged. The registered manager planned to identify and offer a wider range of in-house activities to people going forwards.
- Some night staff felt they were listened to but did not always get feedback or as much support following incidents as day staff. Comments included, "We are encouraged to make suggestions about possible improvements or any concerns we may have. I feel we are listened to but don't always get feedback as such" and "Staff don't seem to get the right support after an incident which will impact the service users."
- The registered manager had recently implemented team meetings for the night staff and told us how they scheduled time to meet with night staff in person. One staff member told us how having had the opportunity to discuss a particular situation which occurred overnight had resulted in a better outcome for one person as they were able to discuss the concern with the registered manager as a team and identify a different approach for the person which had worked well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People worked with managers and staff to develop and improve the service. The registered manager was in regular contact with relatives and professionals and used feedback to develop the service. During the inspection one person told us they would like the registered manager to hold regular house meetings for people like they had done in the past. The registered manager had planned to resume these meetings and spent time with the person explaining why they had stopped, when they would be restarting and discussing what agenda items the person would like added. The registered manager then sent letters to everyone living at the service to apologise for the lack of communication in relation to the house meetings and sharing their plans with everyone.
- The provider sent regular newsletters to relatives sharing what activities people had been engaged in, new starters to the service and updates. Relatives were positive about the registered manager, where some relatives had concerns in relation to safety, they agreed this was based on the mix of people in the service and that the registered manager was responsive. One relative told us, "[Registered manager's name] is trying; he has introduced things and is trying." One relative told us they felt the provider could work more closely with the Prader-Willi Syndrome Association. The provider had, however, created bespoke Prader-Willi training based on the input they had received from people living at the service and other professionals.
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. Staff felt able to raise concerns without fear of retribution. Comments included, "Our manager, [registered manager's name], is easy to talk to and very willing to help with any problems, very hands on ... open door policy, always willing to listen" and "I feel supported in my role, [registered manager's name] is a great

manager and willing to help me learn."

- Regular staff meetings were held. The information shared with staff through these was meaningful, relevant and constructive. Minutes showed these had been used to reinforce the values, vision and purpose of the service, as well as to develop staff and improve their practice. One staff member told us, "We are encouraged to make suggestions about possible improvements or any concerns we may have."
- Staff felt included, confident and supported in making suggestions. One staff member told us, "If I feel like something needs to change, have a question about something or suggest what if we did it this way, I feel [registered manager's name] always listens to what I have to say and will try things."
- The registered manager spoke about the importance of valuing staff and strived to be inclusive and supportive. There were various recognition and wellbeing initiatives that had been implemented by the provider. Such as, celebration events for staff.

Working in partnership with others

- The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required.
- The provider worked with other professionals to achieve the best outcomes for people. For example, they had worked with the Prader-Willi Syndrome Association UK to develop their bespoke training for staff. Another example included working with the police; the provider worked in partnership with a mental health police officer to ensure a consistent approach and agree personalised response plans. The provider had also supported some police officers to attend their bespoke training in Prader-Willi Syndrome. One professional told us, "Found them very open, very receptive and very willing to bounce ideas off. Encouraging the police to come in and develop a relationship with them ... We've got a relationship with them which is very open."
- Some relatives told us they felt the mix of individuals living at the service were incompatible. The provider worked with outside professionals to identify individualised supportive measures to enable them to meet people's individualised support needs. This was a work in progress and under regular review. Where the provider felt additional support or advice was required, they made referrals in a timely manner.