

Delight Essential Services UK Limited

Dolphin Healthcare Services

Inspection report

Sheldon Community Centre
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Birmingham
West Midlands
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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 inspection took place on 23 March 2017 and was an announced inspection. This was our first inspection of this location.

Dolphin Healthcare is a Domiciliary Care Service which is registered to provide personal care services to people in their homes, including children. At the time of our inspection they were providing care and support to 16 children; only five of these children were receiving the regulated activity, personal care. The provider also offers other services to people such as support with shopping or household tasks that we do not regulate.

The provider is required to have a register 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

People were supported by enough members of staff who had the knowledge and skills they required to care for people safely and effectively. This included the safe management of medicines so that people received support to take their medicines as prescribed, if required.

People were protected from the risk of abuse and avoidable harm because staff received training and understood the different types of abuse and knew what actions were needed to keep people safe. The provider had also ensured effective systems were in place to report and investigate any concerns raised, which included working collaboratively with external agencies.

People were supported by staff that were kind, caring and respectful and who took the time to get to know people and their families. People were encouraged to be as independent as possible, where possible and were supported to have food that they enjoyed.

People knew how to complain if they were unhappy and they were confident that their concerns would be responded to efficiently and effectively.

The provider had management systems in place to assess and monitor the quality of the service provided to people. Staff reported to feel supported and valued within their work and felt that the provider maintained open, honest and transparent communication systems within the service.

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.

People were supported by enough members of staff who had the knowledge and skills they required to care for people safely.

People were protected against the risks of abuse and avoidable harm because staff understood how to keep people safe when providing care, could recognise the signs of potential abuse and knew what the reporting procedures were.

Staff had the knowledge and skills they needed in order to support people to take their medicines as prescribed, if required.

Is the service effective?

Good ●

The service was effective.

People's rights were protected by staff that understood their responsibilities to care for people lawfully.

People's needs were met by staff that were trained and supported to carry out their role.

People received enough food and drink and were supported to have food that they enjoyed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by staff that took the time to get to know them well and who understood the things that were important to them and their families.

Is the service responsive?

Good ●

The service was responsive.

People were included in the planning and reviewing of their care

so that care was delivered in a way that met people's individual needs and preferences.

People's views were sought and the provider used this feedback to drive improvements.

People knew how to make a complaint if they were unhappy and were confident that these would be dealt with efficiently and effectively.

Is the service well-led?

Good ●

The service was well led.

The provider had systems and processes in place to effectively monitor the quality and safety of the service.

Staff felt supported and valued within their work and reported good communication systems between them and the registered manager.

Dolphin Healthcare Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 March 2017 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of one inspector.

As part of the inspection we looked at the information that we hold about the service. This included notifications from the provider that they are required to send us by law, safeguarding alerts and information from local authorities.

During our inspection we spoke with two of the children's parents who used the service, two care staff, the registered manager, and a member of the administration staff.

We looked at the care records of three people to check on how their care had been planned, reviewed and recorded, which included the medicine administration processes. We also looked at three staff files to see how the provider was adhering to safe recruitment practices as well as at records maintained by the provider about the quality of the service. These included records kept in relation to accidents and incidents, staff training as well as compliments and complaints.

Is the service safe?

Our findings

People we spoke with told us that they felt their children were safe in the care of staff. One person told us, "Oh yes, I definitely feel safe, I have no problems leaving my children with her [staff], that's how safe I feel".

Staff members we spoke with were able to explain to us their understanding of abuse and were aware of their roles and responsibilities, including what the reporting procedures were. One member of staff told us, "Safeguarding is about protecting people from harm and ensuring they are kept safe from different types of abuse like physical, emotional, sexual abuse, neglect; if I was concerned at all in the slightest, I would report it to my manager and I am confident she would take it further but if she didn't I know I can call the safeguarding team myself". Another member of staff said, "There are different types of abuse like physical, psychological, sexual abuse and neglect. If I thought a child was withdrawn, wanting to spend time alone or there was a change in their behaviour, it would trigger a concern for me and I'd speak to my manager to take it forward". Records showed that staff had received training on how to keep people safe from avoidable harm and abuse. The registered manager was also aware of their roles and responsibilities in association with making safeguarding referrals when required. They said, "We have not had any safeguarding concerns to date, but as a professional Health Visitor, I am fully aware of the protocol".

During the inspection we found that risks to individuals had been identified and some management plans were in place. These included standard, generic risk assessments such as those relating to the environment as well as more individualised risk management plans, specific to the care needs of people. However, we found that these were not always sufficiently detailed. For example, we saw that one person was identified to be at risk of choking and required a soft pureed diet. This information was provided as part of the initial assessment but the care plan and risk assessment did not detail the need for a soft diet in order to reduce the risk of choking. We also saw that another person had a history of seizures. The risk assessment did not include what signs and symptoms staff should look out for to recognise when the person was having a seizure or what action staff should take other than to call 999. Nevertheless, staff we spoke with told us how they ensured people were kept safe. One member of staff told us, "There is a lot of information in the care files including 'safe systems of work' (guidance on how to provide care) and risk assessments but we get most of the information we need from attending the initial assessment and from speaking with the child's parents". This member of staff knew the signs and symptoms to look out for if the person they cared for had a seizure and was able to tell us what action they would take in the event of a person choking. Therefore, the lack of detail was not found to have an impact on the safety of care being provided to people at this time. However, sufficiently detailed records can promote the safety of people receiving care by ensuring staff have all of the information they require. We fed this back to the registered manager at the time of our inspection and they assured us that this information would be updated.

All of the people we spoke with told us they received their care reliably and had not experienced any missed calls. One person told us, "They [staff] are very reliable; our carer [staff] lives quite local, she is very punctual". The registered manager told us that they had not had any missed calls since they started providing care to people. The registered manager said, "We only take on care packages that we know we can provide and that I have staff that can reliably attend". One member of staff said, "It is important that we

provide care that fits in with a child's usual routine. I was caring for a child but my bus kept turning up late making me late; the parent nor I was happy about it because I could see it was impacting on their routine, so I discussed it with my manager and we met with the parent to consider changing to a carer that lived more locally to them. I supported them [parent and child] to get to know the new carer and they are doing really well... I miss them [child] but it's better for them, it's not fair to mess up their routine".

Staff recruitment files and all of the staff we spoke with confirmed that the provider's recruitment processes promoted the protection of people who used the service. This included a formal interview, references and a Disclosure and Barring check (DBS). We saw that staff performance was monitored and managed through regular supervision meetings and spot checks. This showed that the service had effective policies and procedures in place to keep people safe.

At the time of our inspection we were told that all of the children receiving support did not require any assistance with taking their medicines because their parents managed these for them. People and Staff we spoke with, as well as records we looked at confirmed this. One member of staff said, "I have had training [in safe medicine management] but I don't have to give any medicines at the moment; if I did, I'd make sure it was all written down, risk assessed and I would follow the prescription". Training records we looked at showed that staff had received training in medication management. This showed us that arrangements were in place to support people with their medication if identified as a support need.

Is the service effective?

Our findings

Everyone we spoke with told us that they thought the staff were well trained and they were confident that the staff that supported them had the knowledge and the skills they required to do their job safely and effectively. One person told us, "They [staff] are excellent; definitely have good skills". Staff we spoke with told us the training they had received ensured they were able to do their job effectively. This included an induction programme which covered the care standards as well as opportunities for shadowing other experienced staff before they started care calls independently. One member of staff told us, "We do a lot of training; the induction was very detailed. I had training from my previous job but they [provider] insisted I repeated it as a refresher so they were confident I had the skills; it's very supportive". This meant that staff received a comprehensive induction programme to help them feel ready and prepared for the job. Training records we looked at showed us that staff had received the training they needed to meet people's needs. We saw that the registered manager had a system in place to monitor the training to ensure that any outstanding training was arranged. This ensured that people were receiving care from staff that had the necessary skills to provide it.

Staff we spoke with told us that they felt supported with day to day issues and that there was always someone available to offer help and advice during both the day and out of [office] hours. One member of staff said, "I have day to day support and occasional team meetings and one to ones [with the manager]; they [provider] brief us on any updates in the work and the [care] industry generally". Another member of staff told us, "It's very supportive here, I can come in to the office any time, speak with [manager] and we have supervision and team meetings, where we get to discuss anything we want to". Records we looked at confirmed that the provider held regular supervision sessions with staff to discuss their work load, any associated issues or concerns as well as learning and development needs. We also saw that the provider kept minutes from team meetings with staff and staff we spoke with told us that they found these meetings useful.

We found that care was provided to people with their consent. People we spoke with told us that staff involved them in making choices and decisions about their care. One person told us, "They [staff] did an initial assessment and asked all of the information they needed about how I wanted them to care for [child]; anything they do they always speak with me first".

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests, for example, to keep them safe and when it had been legally authorised under the MCA 2005. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so. All of the people using the service at the time of our inspection were under the age of 18 and therefore, consent and decisions about their care were made by their parents on their behalf. However, staff members

we spoke with were aware of the Mental Capacity Act 2005 and the implications this had in practice. One member of staff told us, "It [consent] is about talking to them [people] and asking them [people] what they want and need; I would always ask the child's permission before doing anything and it's important that we always speak to their parents and make sure they are happy and consent to what we are doing". Records we looked at showed that the provider had sought consent from the children's' parents to facilitate an initial assessment, during which they had held discussions with the parents about the care that was required and formal consent was obtained. Training records we looked at showed us that staff had received training on supporting decision making and mental capacity act awareness.

We found that people were supported to have sufficient to eat and drink and that staff prepared food that they enjoyed. We saw that where children were supported to eat and drink, that this was in keeping with their care needs and preferences. One person said, "During the initial assessment they [staff] asked me about the types of things [child] liked, including foods he liked; they [staff] will prepare food and help [child] to eat if I need them to". Staff we spoke with and records we looked at confirmed this. One member of staff said, "If I am going out with a child, I will either take food with us that their parent has prepared for them or I will check with their parents that they are happy for me to take them to certain places to eat or the food I get for them; this ensures they have food that they like and that is safe for them as well as any other special requirements like cultural needs, so for example, making sure I take them to a halal approved place". Records we looked at identified people's likes and dislikes and staff we spoke with told us how important it was to offer choice. One member of staff said, "We get to know the children we care for well, so we know what they like and don't like and what sorts of foods they can and can't have".

Everyone we spoke with and records we looked at showed that people were supported to maintain good health. Staff were familiar with people's needs and were able to tell us what action they would take if someone became unwell or if their needs had changed. One member of staff we spoke with said, "We get to know the children and their parents really well, so I just talk to them. I always speak to the parents at the start of every visit to see if anything is different or to ask what they want from me on that day. If I was out and a child became unwell, I would contact the parents immediately and do whatever I needed to do to deal with the situation, like call 999 if it was an emergency".

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring. One person told us, "The carer [staff] is amazing; she is so nice and helpful".

People and staff we spoke with and records we looked at showed us that staff took the time to get to know people and they were able to develop positive relationships with the people they cared for. One member of staff told us, "We go out with our manager for the initial assessment to meet the child and their parents from the very start, so we hear everything and know all that we need to know; it also means we get to start building a bond with them straight away and when I start to provide the care I am not a total stranger". They said, "I leave my photograph with them [parents] too so they can keep showing the child and getting them familiar with me in between my visits, so I am not a stranger to them. It works really well. I have had some really good feedback, where they [parents] show [child] my picture and they [child] get excited and ask when I am coming!" Another member of staff said, "We [staff] start off initially with spending time with the child in the company of their parents, whilst they get used to us and then we gradually spend time alone with them [children] when they and their parents, and us, are comfortable enough to do that". They went on to say, "It's about getting to know the child and getting them to like you...for example, I will watch what they are doing and join in, playing with them and talking to them about things they like, for instance, I saw [child] liked to dance, so I started dancing with him, we spent ages dancing and he seemed to like it, so we carried on...we had fun and they get to trust you and enjoy spending time with you".

Parents we spoke with told us that 'nothing was too much trouble' and that the service was caring towards them as much as it was for their child. One person said, "It [service] is God gifted; I have struggled for so long on my own and now having this help is amazing, I can have time for myself now as well. It's nice to have someone else to talk to too and I know my children are happy and well looked after whilst I can have a break or do other things".

We found that part of the role of the care staff for some children was to support them to develop their independent living skills, where possible. We saw that some care plans were developed to gently encourage children to do as much as they could for themselves and required staff to model certain self-care tasks and then provide lots of positive reassurance and encouragement to the child when they attempt it themselves. One member of staff we spoke with said, "We have to be mindful not to push children too far and only do what's within their capabilities otherwise it can be damaging for their self-esteem, but at the same time we want to support them to develop their independence as much as possible. You can weigh it up on the day; you know what mood a child is in or if they are feeling unwell, so you judge how much of that [promoting independence] you do on a day by day basis". Records we looked at confirmed this and we saw that in one person's daily records notes that staff had assessed their willingness and ability to engage in their support plan for promoting independence on each visit. For example, on one visit it showed how the staff had modelled hand-washing technique and this had been practiced with the child with lots of praise and encouragement and then on the next visit, the child was found to be tired and physically unwell, so the staff used this visit to spend time with the child doing things that they enjoyed.

All of the people we spoke with said that the staff were respectful and were mindful of protecting their children's privacy and dignity. We confirmed this by speaking with staff. One member of staff told us, "We always make sure doors are closed during personal care". Another staff member said, "It's very personal [personal care] so we respect their privacy and maintain their dignity as much as possible, we also make sure we aren't doing anything that they are unhappy with or their parents have not consented to".

People told us and records showed us that people were actively involved in their own care and they felt listened to. We saw care plans were reviewed every six months or sooner if people's needs changed. One person told us, "The manager has been out for a review to make sure I am happy with everything; we sat and chatted for a while. It was great". Records we looked at showed that people could contact the provider to make changes to their care they received and that this would be accommodated. This shows that the service listened to people and acted upon their views, putting people in control of their care.

Is the service responsive?

Our findings

We found that people were receiving personalised care that was responsive to their individual needs. People told us that they had a choice about all aspects of their care including the preferred time of their care calls, the level of support they required and whether they received their care from a male or female member of staff. One person told us, "I [parent] was involved right from the start; when the manager came out to do their initial assessment, they realised that they had the wrong call times planned, they apologised and this was dealt with immediately; they found another carer straight away and made sure they could do the times I asked for". We also saw that a social worker had requested a male carer in the referral of another child. This was discussed with their parents during the initial assessment and it was found that they were happy for a female carer to provide the required support and that this was regularly reviewed in response to feedback given by the social worker. This showed that the provider was respectful of the recommendations made by the professional making the referral, but also that they had discussed this with the individual and they prioritised the wishes of the person receiving the care.

We saw personalised care plans where people were referred to by their preferred name and their personal beliefs, values and preferences were respected. Staff we spoke with were mindful of respecting people's wishes, preferences and personal beliefs and values. One member of staff told us, "We get to know the children and their families really well and it's not about how we like to do things or how we think things should be done, it's about respecting their personal preferences and beliefs". Another staff member told us, "I never impose my beliefs or values on to people, I respect their culture, religion, and beliefs and allow them to express their own preferences or judgements and I respect that and do as they wish". Staff we spoke with were able to give some examples of how they respected people as individuals and promoted the principles of equality and diversity within their practice. One member of staff said, "Some of the families I work with are Muslim families; I respect that they have certain foods that they can and can't eat like making sure food is halal and I get guidance from their parents on this. I also respect different prayer regimes and allow time and privacy for prayer". We also heard of how staff would protect people from the risk of discrimination and one member of staff told us, "People should not be discriminated against based on their colour, religion, beliefs or sexuality; we all have our own beliefs and values but it's about respecting people as individuals and their views. If I heard someone being derogatory towards someone or treating a person differently because they were gay for example, I would report it straight away. I know it would not be tolerated here [by the provider]". Care records we looked at had detailed care plans which informed staff of how people liked things done. However, it did not always provide reference to their personal family and social history. We explored this with the registered manager at the time of our inspection. We explained that details of people's personal and social histories including hobbies, interests and support network can further enhance person-centred care and provide enriched information to staff providing their care. This was acknowledged and an area for development by the provider and they assured us that this information would be included here on in.

People we spoke with and records we looked at confirmed that people were involved in the planning and review of their care and were consulted for their feedback on the service. One person we spoke with said, "The manager came out straight away for the initial assessment, even the social worker was surprised at

how quickly they had responded to the referral". They went on to tell us, "The manager has also been back since to make sure I am happy and satisfied with the care and to check nothing had changed since the initial meeting (assessment); they gave me their mobile number and told me that I can get in touch with them at any time if ever I want to discuss anything or if anything changes; it's a very good service". The registered manager told us and records we looked at showed that the provider sent satisfaction surveys out to people asking for their feedback. All of the feedback the provider had received to date had been positive and any queries or concerns that had been raised outside of this process had been dealt with using the complaints procedure.

We saw that the provider had not received any formal complaints, but where issues had been raised, they had dealt with these responsively and effectively. For example, we saw that an issue had been raised about a person experiencing late calls. The registered manager had acknowledged this concern with the person raising the issue and had discussed it with the associated staff member in order to ascertain the root cause of the problem. A meeting was held with person who had raised the issue alongside the member of staff it involved in order to identify a workable solution in an open and transparent manner. This ensured that the person was at the centre of this process and the registered manager had ensured that they were party to identifying a solution that they were satisfied with. To develop this further, we discussed the benefit of evaluating the outcome of the action taken at a later date in order to follow this up with the person to ensure that the action taken had continued to be effective at preventing the situation from re-occurring in the future.

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of their registration of the service. A registered manager was in post at the time of our inspection and we found that they were meeting the requirements of their registration.

Although we had not received any statutory notifications from the provider relating to the service, the registered manager was aware of their responsibilities with regards to submitting statutory notifications to us. These are forms that we ask the provider to send to us, to inform us of any situations or incidents that are happening within the service that we need to be aware of such as safeguarding concerns. The registered manager said, "We have not had anything that has required me to submit a notification but I am aware of what I need to notify you of such as safeguarding concerns and how to do this online".

There appeared to be a clear leadership structure within the service and people and staff we spoke with knew who the registered manager was and how to contact them if they needed to. All of the staff we spoke with told us that the communication between the management and staff was effective, open and transparent. They felt involved and well informed of any changes or developments within the service. One member of staff told us how they had been asked to contribute to the learning and development of their colleagues by leading a session on Makaton (a form of sign-language) at the next team meeting. They told us that this made them feel valued as a team member and recognised for their contribution. Staff also told us they felt supported within their work and reported the registered manager to be 'supportive' and 'approachable'. One member of staff said, "It's a lovely place to work. I am always made to feel welcome here [in the office] and she [registered manager] does all she can to help you. Sometimes, I will come to the office and sit and read a book, I feel that comfortable here".

We saw that the provider had quality monitoring systems and processes in place and that some of these had been implemented effectively. These included staff recruitment and on-going competency checks, care reviews and satisfaction surveys. We also saw that the provider had plans for future quality monitoring, such as audits of care files, compliments and complaints as well as accidents and incidents. However, because of the infancy of the service these had not yet been used. The registered manager explained to us that despite being registered with us since December 2015, they had only received their first contract with the local authority and started to provide care to people in October 2016. Therefore, they had not got sufficient data to implement the quality monitoring processes at this time. However, they recognised the importance of robust quality monitoring and were confident that the systems and processes in place would support them to monitor the quality and safety of the service and enable them to drive improvements as required.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us of their understanding of this regulation and showed us examples of how this was implemented in practice.

Staff we spoke with confirmed that they were aware of the whistle-blowing policy and processes within the organisation and felt confident raising concerns both internally and externally (with CQC for example), if they felt that this was required. Whistle-blowing is a term used when a member of staff raises a concern about wrong-doing or illegality that may be occurring within the organisation in which they work. Whistle-blowers are protected by law to ensure that they are protected as far as reasonably possible, against the risk of reprisal.