

# Dolphin Homes Limited

# Park View

## Inspection report

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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 30 July 2018 and was unannounced.

Park View is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Park View accommodates up to 10 people living with a learning disability and or physical disability in an adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

At the last inspection on 26 June 2017, we asked the provider to take action to make improvements regarding fire safety, and this action has been completed. Following that inspection, the service was rated Requires Improvement. At this inspection we found the service to be Good.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adult's procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regard to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. People 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. An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that met their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

## 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 protected against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work with adults at risk.

Staffing levels were based on individual needs.

Systems were in place to ensure that ongoing learning took place when there were concerns.

### Is the service effective?

Good ●

The service was effective.

People were always asked for their permission before personal care and support was provided. Where needed, people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and supported their independence.

People were involved in decisions about their care and the home.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and responded appropriately when these changed.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to ensure a quality service was being provided and develop further.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

# Park View

## **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 30 July 2018 and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four staff, including the registered manager. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We reviewed two people's care records plus staff records such as supervisions, recruitment and training. We reviewed medicines management arrangements and records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at the home. One person told us, "I'm living the dream mate. They (staff) are great and I love it here." People laughed and joked with staff and the atmosphere was relaxed.

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to fire safety. At this inspection we found that action had been taken and there was no longer a breach of regulation.

We looked at documentation related to fire safety. We found up to date information concerning: fire policy, a fire risk assessment dated 25 July 2018, weekly fire alarm tests, emergency lighting tests, and fire equipment testing.

We looked at two electronic care plans and noted that each one contained a section entitled 'Equality and Diversity'. This outlined the barriers to a fulfilling life that the person might face because of their disability. For example, a person may feel a loss of control or choice if they are marginalised or ignored. The care plan contained practical measures to combat this. For example, one person's care plan stated all mail sent to them should always be opened in their presence and read to them.

Staff members had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local adult services safeguarding team should be made in line with the provider's policy. One staff member said, "This is their home and we need to be aware of that." This was confirmed by information we saw at the inspection.

Staff supported people to manage and reduce any risks to their safety. This included risks at the service and in the community. Many of the people using the service were not aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided, for example one person was supported to access the kitchen and make their own cup of tea.

Support plans contained relevant and up to date information. For example, we noted one person occasionally displayed behaviours that could challenge others. We noted there was a behaviour support plan in place, outlining in detail possible triggers to behaviour and instructions to staff on how to de-escalate situations and keep people safe. Incidents were recorded on behavioural charts and the provider had sought advice from the community team for people living with a learning disability.

There were detailed manual handling assessments in place. These described in detail how people should be safely helped to move and reposition.

We asked staff if they thought there were enough support staff on duty to provide safe and effective care. One staff member told us, "There are always four or five of us on duty and three at night so yes." Our

observations on the day and duty rotas confirmed this.

We spoke with the deputy manager about medicines management. We asked how medicines were acquired, stored, dispensed and disposed of. We also examined the provider's medication management policy, which was up to date and relevant. Medicines Administration Records (MARs) were completed correctly and we noted there were no gaps in these records, including those concerning topical applications. All MARs contained relevant information, such as photographs for identification purposes, whether the person suffered from allergies or preferred to take their medicines in a particular way.

Other medications were safely stored in locked cupboards. Medicines requiring refrigeration were stored in a fridge not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure medicines remained patent.

Care and support was provided to some people who had a percutaneous endoscopic gastrostomies (PEG) in place, PEGs involve placement of a tube through the abdominal wall and into the stomach through which nutritional liquids and medicines can be infused, when taking in food and drink orally was limited or no longer possible. Staff were knowledgeable about the management of these; all relevant staff had been trained in this area. For example, there was evidence of pegs being rotated and flushed through with saline. Where people required the support of oxygen on a continual basis. The management of this was safe and appropriate, in line with the provider's policy.

We looked at how medicines given on an 'as needed' basis (PRN) were managed. PRN protocols were in place for all medicines taken this way; they outlined how, when and why they should be taken and included maximum doses over a 24-hour period. We noted where a person could be given varying numbers of tablets, for example one or two painkillers, that this was clearly recorded on MARs. People at risk of experiencing pain who could not express it verbally were frequently assessed; support plans gave information regarding/about how pain manifested itself in each person. No-one living at the home managed their medicines independently and no-one received their medicines covertly, that is without their consent or knowledge.

The monitoring of therapeutic drugs was undertaken to ensure concentrations of the drug in the person were safely maintained. This was done either in the form of blood tests or in monitoring the person themselves, for example, those living with epilepsy. There was clear guidance for staff concerning the management of people taking all other types of medicines and for the management of anaphylaxis (a severe, sometimes life threatening reaction to a particular drug).

We looked at audits undertaken by the provider. They were conducted daily, weekly and monthly. They looked at aspects of medicines management, such as ordering and disposal. There had been no recent drug errors. The provider had also undergone an external audit on 8 May 2018, carried out by the provider's dispensing pharmacist. This had not identified any areas of concern.

The home was clean and tidy. We did not detect significant malodours during our visit. We noted the provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.

We undertook a 'walk round' of the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean. Staff had access to hand hygiene measures, such as hand gel. We also looked at the provider's infection prevention and control policy which was relevant and up to date.



We looked at how the provider managed people's money day to day, which was necessary for everyone living at the home. All of the people living at the home's finances were managed by their parents or foster parents. We noted the provider had developed a system of requesting money when required. Money delivered to the home by parents was 'signed in' by two staff members and kept in a safe to which only the manager and deputy manager had access to. Monies were 'signed out' when needed. Receipts for all purchases were obtained and a running tally of each person's spending and balances were kept and regularly audited.

The premises were not purpose built and as such presented significant difficulties in evacuating people in the event of an emergency. We noted there were Personal Emergency Evacuation Plans (PEEP) in care plans, which outlined how people could be removed or kept safe in the event of an emergency, such as fire or flood. There was also up to date documentation related to the safety and suitability of the premises. These included: electrical installation condition report, monthly water temperature monitoring, and hoist and wheelchair servicing and maintenance.

# Is the service effective?

## Our findings

People indicated to us they liked living at the home. Staff and the manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required.

We noted the provider made use of technology in order to deliver care and improve the lives of people living at the home. Those able to use them had access to electronic devices, computers and smartphones for communication, education or entertainment purposes. One person read and used braille as a form of communication. They told us, "I can read things, it's great mate."

Staff told us they "really enjoyed" working at the service and that they were "ready to learn new things". Staff stayed up to date with good practice guidance and any changes in legislation. Staff had the knowledge and skills to undertake their role and regularly refreshed this through the completion of training courses. From training records we reviewed, staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. For example: learning disabilities, autism and supporting people who displayed behaviour that challenged. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We asked staff about the training opportunities on offer. One staff member said, "I haven't been here very long but there has been plenty of training already". We asked staff about the managerial support they received. One member of staff said, "The manager is really good. It's a very good place to work." We also asked staff about opportunities for training and development. One staff member said, "We do training, yes. It's part of working here really." Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves. For example, where people had a percutaneous endoscopic gastrostomies (PEG), they still chose to eat or drink and they were encouraged to make safe choices or manage the extra fluids themselves, although not being able to taste it, they could experience a fizzy drink taste when they burped.

People could access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as hospital consultants, dieticians and the team who specialised in supporting people living with a disability. On the day of our inspection a physiotherapist visited to help support someone to get 'back on their feet.' Staff were evidently aware of people's health status and acted

accordingly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at care plans in the light of issues of consent and capacity. People had received mental capacity assessments where this was appropriate as part of their decision making and care planning and had sought the consent of people with capacity before acting. Where a person did not possess mental capacity, we noted up to date mental capacity assessments were in place, in areas such as medicines management and support. There was also evidence of best interests meetings with relevant parties present. It was clear the provider's focus was on facilitating people to make some choices for themselves whenever possible, independent of whether they were deemed not to possess capacity.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisation for all people living at the home but not all had been authorised. We asked about this and were told that it was the policy of the provider to refer all people for assessment. This was unnecessary in every case as individual assessment, in line with the law, should guide the decision making process. We recommend that the provider review their process in line with the MCA.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Park View is a large family home. The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wished. We observed people navigating around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised and provided ensuite bathroom facilities. There were resources and sensory stimulation for people to use at their leisure.

# Is the service caring?

## Our findings

We observed care and support given to people throughout the day. We found the care to be safe and appropriate, with adequate numbers of staff present. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff and no incidents of infantilising or discourteous staff actions. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident all staff knew all people really well; for example, staff knew people's daily routines without referring to documentation.

All of the people we spoke with felt the home was a caring place. One person told us, "It's great living here. I've been here a year and I love it. I've got my own flat."

People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships.

We noted from looking at care plans that each person had a positive behaviour support plan that outlined what they needed to be happy and settled living at the home. This was regularly reviewed. For example, one person preferred to be addressed as a 'honey'. Whilst this was acceptable in the home, it would be inappropriate in the wider community. This had been discussed and agreed with the person, who preferred to be called a 'resident' or 'individual' on these occasions.

We looked at people's care plans in order to ascertain how staff involved people and their families with their care as much as possible. Care plans and risk assessments were discussed and agreed with people or their representatives, where possible. Records of contact with family members were kept. We noted each person's keyworker met with them on a monthly basis to discuss their needs and agree a plan for the future.

Staff respected people's privacy and dignity. We observed staff discreetly supporting people with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

Resident meetings took place every week, where people could decide on activities and the menu for the week.

The Accessible Information standard (AIS) is a framework 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. We spoke to the registered manager and staff about how people's communication needs were met. Staff we spoke with were knowledgeable about people's communication needs and we saw examples of care plans that described the communication needs of people living with a sensory loss and how these should be met by staff.

## Is the service responsive?

### Our findings

People's electronic support plans and daily records were legible, up to date and securely stored.

People's choices and preferences were documented. We noted personal and social histories were very detailed; it was possible to 'see the person' in support plans. Staff were knowledgeable about the people they were caring for.

The daily records we looked at were person centred; an insight into people's daily lives could be obtained by reading them.

Support plans contained relevant and up to date information. For example, we noted one person was prone to telling jokes that could be offensive as they were not culturally sensitive. We noted their communication care plan had explained that, due to the person's autism, they had a limited understanding of the potential impact on other people. This situation had been discussed with the person, who had agreed to channel their creative energies in another direction where possible.

Another person was a wheelchair user. We noted their care plan gave detailed guidance for staff concerning the potential risks associated with its use, particularly in the wider community. There were also guidelines on the maintenance of the wheelchair to ensure it was comfortable and safe to use for the person.

People living at the home were invited to attend yearly care reviews, usually attended by staff and external agencies if relevant, such as social workers and day centre staff. People attended these meetings and were encouraged to participate as fully as they wanted to.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had an active life with their activities. Unfortunately, due to the extreme weather recently people had not been able to go out as often as they usually did as the weather affected their wellbeing. We saw photos of a member of staff's wedding, the people at the home had also been guests. A member of staff played for a local rugby club and people who wanted to, had gone to support them.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

The registered manager told us just after the inspection they were working with one person to put their care plan in to Braille using their machine. They said, "I feel that once this is done we will move on to converting other information for them, for example the service user guide and possibly the weekly service user meetings. I have spoken to [name] about this and they would love it and to be part of it."

We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There

were also contact details for external agencies, such as the Local Government Ombudsman. The provider's complaints policy was up to date and relevant.

The staff we spoke with were clear about their responsibilities in the management of complaints.

We discussed end of life care with the registered manager. They were aware that care plans needed to hold this information however, and these were difficult conversations to have with people and their families due to their age.

## Is the service well-led?

### Our findings

The registered manager had been at the service since 2016. They were aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to governance. At this inspection we found that action had been taken and there was no longer a breach of regulation.

The provider had systems in place to review, monitor and improve the quality of service delivery. These were carried out monthly by both the registered manager and the provider. They included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We looked at audits undertaken by the provider, for example medicines. We noted there were a variety of daily, weekly and monthly procedures in place in all aspects of medicines management. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning.

We asked people and staff if they thought the home was well led. People felt they were well supported. One person said, "[Name] (manager) looks after us and the staff." One staff member told us, "It's like a family here. I think [name] (manager) is a big part of that. Everyone gets on really well."

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.

People had participated in an annual survey in May 2018. The feedback for all areas for example, 'friendliness and helpfulness of staff', and 'response to complaints' was either 'good' or 'very good.'

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice. We noted this was followed up in team meetings where staff were reminded to 'read and sign guidelines'.

The manager shared a business improvement plan with us showing how they were going to develop the service, part of the plan included the maintenance of the service and emergency plans.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development



opportunities.