

Dolphin Homes Limited

Beachview

Inspection report

28 Alleyne Way
Middleton-on-Sea
West Sussex
PO22 6JZ

Tel: 01243582896
Website: www.dolphinhomes.co.uk

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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

Beachview is a residential care home for 10 young people. It provides support to people who have a range of learning disabilities, some of whom also have a physical disability. Beachview is a detached house that has also been adapted to cater for people with a physical disability and has wheelchair access throughout. All bedrooms are for single occupancy and have en-suite wet room facilities. There is a large communal living and dining area and a separate sensory room. A lift provides easy access between floors.

At our last inspection we rated the service good. At the inspection we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to act in line with their legal responsibilities and had failed to notify the Commission of authorisations under the Deprivation of Liberty Safeguards (DoLS). Following the inspection we received appropriate notifications and the provider had met this regulation.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service met all relevant fundamental standards.

The service had a positive culture that was person-centred, open and inclusive. There was a strong emphasis on putting people first. People were involved in the service within their capabilities. People assisted with meal preparation with staff support. Everyone spoke highly regarding the staff. 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 support this practice.

It is a requirement of the provider's registration that they have a registered 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a manager in place who had started the process to become registered with us. The service was well led. The manager was aware of their legal responsibilities.

Staff were enthusiastic and keen to talk about their role. Staff were proud of the service and their work. They felt supported within their roles and held the manager in high regard. Recruitment practices were robust and staff received training appropriate to their role and the needs of the people living at the service. People were supported to maintain contact with their relatives.

People had comprehensive plans of care and risk assessments. Care was individualised and person centred. Medicines were managed safely and in people's best interests.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beachview

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 comprehensive inspection took place on 11 September 2018 and was unannounced.

One inspector undertook this inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed care and spoke with three people living at the service. We also spoke with the manager, the area manager, the quality assurance manager for Dolphin Homes and two care staff.

We looked at care records for three people, medication administration records (MAR), a number of policies and procedures, two staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

Following the inspection, we contacted relatives, health care professionals and commissioners. We received feedback from one health care professional.

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had developed positive and trusting relationships with people that help to keep them safe; staff had the time they need to do so. People told us that they liked the service and felt safe. Comments included, "I feel safe and they [staff] look after me." Records showed that all staff had attended training in safeguarding adults at risk. The manager was clear about when to report concerns so they could be fully considered and investigated. She was able to explain the processes to be followed to inform the local authority and the CQC. The manager also made sure staff understood their responsibilities in this area.

Safe recruitment practices were followed before new staff were employed. The interview process for prospective staff included a visit to the service to observe their interactions with the people living at the service. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw two staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk including, criminal records checks with the Disclosure and Barring Service.

Risks to people were assessed on admission to the service and regularly updated. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. People were assessed for the risks associated with using the kitchen. We saw that people were assisted to make hot drinks in line with their risk assessments. Staff provided support in a way which minimised risk for people.

There were enough staff to meet people's needs. We saw that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait when they required assistance. Staff told us they were happy with the staffing levels. They said that, "It's good to have the time to sit and chat with people."

The manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. We saw that people were supported to attend community based activities. There were four or five care staff on duty during in the day and two at night. The manager was available weekdays and could be contacted out of hours for telephone advice or support. Dolphin homes had a rota of on-call managers who could be contacted out of hours if further advice or support was needed.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use. Each person had a

medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN). There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.

All staff responsible for the administration of medicines training had received training in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

The premises and gardens were well maintained and well presented. There were arrangements in place to ensure the service was kept clean. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the importance of food safety, including hygiene, when preparing and handling food. Records showed that all staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The provider had achieved a level four rating at their last Food Standards Agency check.

Records were maintained of accidents and incidents that took place at the service. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Is the service effective?

Our findings

Without exception, staff demonstrated thorough knowledge of people's needs. The service has been developed and designed in line with the values that underpin the Registering the Right Support 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.

Staff were well trained to make sure they had the skills and knowledge to effectively support people. People spoke positively about staff and told us they were skilled. They told us they were confident that staff knew them well and understood how to meet their needs. One person told us that their keyworker, "Knows me well, [Name] knows what I need". They told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, first aid, moving and handling and health and safety. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they were happy with the level of training provided, that it was, "Good and made them think." People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, training in epilepsy and autism.

People were supported by staff who had regular supervisions (one to one meetings) with the manager. All staff we spoke with told us they felt supported. They said there was opportunity to discuss any issues they may have and any training needs they had.

Staff told us there was sufficient time within the working day to speak with the manager. During our visit we saw good communication between all staff. Staff told us that they could discuss any issues or concerns at any time and that their input was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

People had enough to eat and drink throughout the day. People had access to part of the kitchen and took part in the preparation of meals in some way. Staff were aware of people's individual preferences and

patterns of eating and drinking. People were fully involved and helped to plan the meals with staff. Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. People's care plans contained information about their dietary needs and any additional needs for example, any swallowing difficulties they may have. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to speech and language therapists if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

The manager said the service had good links with external professionals. The service worked with a wide range of professionals such as general practitioners, physiotherapists and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met. A visiting healthcare professional's feedback told us that the, 'Manager and staff worked very hard with health staff to implement guidelines. The physiotherapy plan and programme that was put in place was followed well', resulting in a positive impact for the person. The feedback also included that, 'Staff were able to think "outside the box" and questioned practices.' They gave specific examples of this and how it had improved a person's quality of life. People's health conditions were well managed. Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.

People's needs were met by the design of the premises. The building was adapted to cater for people with a physical disability and has wheelchair access throughout. All bedrooms are for single occupancy giving people private space to spend time with their visitors, or to have time alone. The building was decorated in a way that people had asked for. The décor took into account people's individual needs and preferences. We saw that the lounge dining area had been recently repainted. One person told us that it was, "Too much like a hospital before," and that they, "Liked the yellow". Another person told us how they had had their bedroom decorated in the colours of their favourite football team for their birthday.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Where DoLS had been authorised for people, any conditions to these authorisations were complied with

Staff we spoke with had a good working knowledge on DoLS and mental capacity. Records showed that all staff had received appropriate training for MCA and DoLS. During our visit we saw people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them.

Is the service caring?

Our findings

The caring ethos of the service was evident. There was a strong, visible person-centred culture. People received care and support from staff who knew them well. Staff were skilled in talking to people and had a good rapport with people. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People were complimentary about the caring nature of the staff. Everyone we spoke with thought people were treated with respect and dignity. A visiting healthcare professional gave feedback that included, 'Staff at Beachview create a homely atmosphere in the service so that residents can enjoy their time there. I have seen good person centred care where individual's likes and needs are taken into account'

Staff were highly motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way by staff who were committed to delivering high standards.

Staff focused their attention on providing support to people. We saw people laughing and smiling. One person told us that they, "Like the staff because they were energetic and jolly". We saw staff chose to spend time with the people at the service. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them. Staff gave eye contact when talking to people. They spent time listening to them and responded to them.

People were encouraged to be involved in the running of the service and to make decisions about how it operated. For example, one of the people living at the service had become a fire marshal. He had attended the appropriate staff training to give him the skills and knowledge for this role.

Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. We saw that staff respected one person had chosen to stay in his room. Care was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. Staff knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. People received support that was individualised and person centred.

There was a thorough approach to planning and coordinating people's move to the services. The transition between services took in to account people's individual needs. The manager explained the admission process and how a new person was integrated into the service. This included staff visiting the persons previous home to get to know them. We saw how a bedroom had been adapted prior to a person's admission. This included making structural changes to the en-suite wet room to accommodate the specific needs of the person. This was backed up by a visiting healthcare professional who feedback that, 'The room that became available at Beachview prior to [Name's] move was not suitable for their manual handling needs or their special seating. The service agreed to rebuild the room to give wheelchair access and hoist access in the bedroom and bathroom. The family was included in all decisions.'

People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation. Staff were observed being responsive to people's needs and assisting people. Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs.

Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were consistently met.

People were engaged and occupied during our visit. We saw that people interacted with each other and staff. Staff told us that they liked the people's company. People had a range of activities they could be involved in to allow them to lead as full a life as possible. One person told us their, "Favourite thing is baking". They also told us how they maintained the weekly activities board with pictures of the activities and photos of the people who wished to participate.

People were supported to maintain relationships with people that mattered to them and to avoid social isolation. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person and their cultural background. One person was supported by staff to visit their family in London.

The provider was following the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The manager was fully aware of their responsibilities under the AIS. People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice. One of the people living at the service had attended the company's staff training in Makaton. Makaton is a language programme using signs and symbols to help people communicate. This meant that they could share the information they had learnt and communicate with the other people living at the home.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy with the service. They told us that were confident that any issues raised would be addressed by the manager.

Is the service well-led?

Our findings

At the last inspection we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to act in line with their legal responsibilities and had failed to notify the Commission of authorisations under the Deprivation of Liberty Safeguards (DoLS). Following the inspection we received appropriate notifications and the provider had met this regulation.

The service had a positive culture that was open and friendly. Staff were approachable and keen to talk about their work. There was a management structure in the service which provided clear lines of responsibility and accountability. People appeared at ease with staff and staff told us they enjoyed working at the service. People's care records were kept securely and confidentially, in line with the legal requirements.

It is a requirement of the provider's registration that they have a registered 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a manager in place who had started the process to become registered with us. The service was well led. The manager was aware of their legal responsibilities.

People knew who the manager was and held them in high regard. The manager told us that they regularly spent time with people to make sure they were receiving care in line with their wishes and individual preferences. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with them. The manager knew people and their needs extremely well.

A visiting healthcare professional gave feedback that said, 'I have found [Manager's name] in particular to be extremely helpful during my interventions with [Person's name] and other clients previously. She has modelled good practice to her staff and ensured that staff are free to attend external health appointments, and been available to attend complex planning meetings. She is always willing and able to provide detailed information about clients that make my job as a health professional much easier.'

The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People were encouraged to contribute to improve the service. People had opportunities to feedback their

views about the service and quality of the care they received. There were weekly meetings for people which meant they could share their views about the running of the service. People told us that they felt involved in the service. One person said that they, "Liked [Manager's name]" and joked, "Even though she has given me lots of jobs to do!" Everyone spoke highly of the service and felt that it was well-led. People received a consistently good standard of care, because the ethos of the service was to put people first. People's comments were overwhelmingly positive.

The manager met regularly with the staff team. Staff told us meetings were well attended, and help them identify areas that were working well and any that needed improvement. Staff were highly motivated. Staff said that everybody had the opportunity to have their views heard and taken into account, they were encouraged to make suggestions to improve the service.

There was a clear governance framework, which was completed regularly. The auditing system following the CQC's key lines of enquiry. Any action required was clearly recognised, timescales were identified and progress monitored until complete. Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.

Accident and incident forms were completed. These were checked by the manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.

Staff told us that any faults in equipment were rectified promptly. The provider carried out regular repairs and maintenance work to the premises.

The service worked in partnership with other agencies to improve outcomes for people. A health and social care professional told us, "The staff all work well as part of multi-disciplinary teams." Other professionals told us that the staff team asked for, listened to and acted on advice. One health and social care professional told us, "As a service they work well with other professional disciplines."

The manager said relationships with other agencies were positive. Where appropriate the manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.