

Roseberry Care Centres (England) Ltd

Dolphin View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dolphin View Care Home is a care home providing accommodation and personal care with nursing for up to 35 people. At the time of the inspection, 29 people were living at the home.

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

Medicines were not always managed safely. We were unable to assure ourselves people had received all their medicines as prescribed.

Systems were in place to monitor the quality of the service. These checks had not always identified the shortfalls we had found. Staff morale was poor, and the management of the service was sighted as the main reason for this.

The provider had not always ensured there were enough staff on duty to meet people's needs, including with activities. We have made a recommendation about this.

People felt safe and staff understood their responsibility to keep people safe from harm. People were treated with dignity, respect and equality by kind staff.

Risks to people had been assessed with actions in place to help keep people safe. Checks were carried out on staff before they started work to assess their suitability.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 July 2022)

At this inspection we found some improvements had been made, however further issues found, meant the provider was still in breach of regulation 17 good governance. They were also found to be in breach of regulation 12 regarding medicines management.

At our last inspection we recommended that staffing levels be kept under review, that systems were in place to provide activities and that people were promoted to be involved in daily decision making. At this inspection we found recommendations had not been fully addressed.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, caring, responsive and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dolphin View Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dolphin View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dolphin View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dolphin View Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed the information we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the

provider is legally required to tell us about.

We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority, infection control teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people receiving care and support and 4 relatives. We contacted the staff team by email and spoke with staff at the service, including care, domestic, maintenance, kitchen and administration staff. We spoke with the regional manager and a registered manager from another of the providers services who were supporting the home.

We reviewed a range of records. This included 6 people's care files, multiple medication records, 4 staff files in relation to their recruitment and a variety of records relating to the management of the service, including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely. Medicine administration records (MARs) were not always accurate or detailed when people's medicines were administered or refused. This made it difficult to confirm if people had received their medicines as prescribed.
- Topical medicines (creams/ointments) were not always recorded when they were applied, and records were not in place to show which part of the body these medicines should be applied to.
- 'As required' medicines were not always documented correctly, including when they were administered and clear instructions to support staff in when to administer them.
- The medicines room was not fit for purpose. The area was cluttered and not conducive to safe medicine working practices.

Although the provider addressed some of these issues at the inspection, the provider did not have robust medicines management procedures in place to keep people safe. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection we recommended the provider continued to keep staffing levels under review to ensure people received timely and appropriate care.

Reviews of staffing levels had taken place but there had been times when staff levels had fallen short, including in connection with sickness.

- There had been a small number of occasions where staff were below the staffing numbers agreed to meet people's needs.
- We received mixed views on staffing levels from people. One person said, "They are running about all day, very busy. More staff would ease the load. I never get rushed though." Another person said, "Sometimes staff come quickly when I press my call-bell, but not always. It depends on how busy they are. Sometimes it can be 10 minutes before they come to me." A further person said, "I'm very comfortable here; I enjoy other people's company and staff are always smiling and stay for a chat."
- Allocation of staff to undertake various tasks was not fully coordinated. This included allocation of staff at meal times to check on people at risk of choking and providing tea trolleys at various times of day. Staff told us management did not support the team when shortages occurred. One staff member said, "If we are short, we just have to get on. There is no help from the management team or the nurses or CHAPS (Care home assistant practitioners)."

- On the first day of inspection, call bells often rang for an extended period. Staff answered the calls, but the bell remained activated for longer than needed. We brought this to the attention of the regional manager who was going to investigate this.

We further recommend the provider completely review allocation of staff to various tasks and ensure that measures are in place in the event of any staff shortage under the agreed number of care staff.

- Staff who were safely recruited. Various checks had taken place, including receiving suitable references and obtaining Disclosure and Barring Service checks. These checks help employers make suitable choices when employing staff to care for vulnerable people.

Assessing risk, safety monitoring and management

- The provider had assessed individual risks to people. For example, those risks in connection with potential skin damage or those regarding nutrition.
- Fire safety monitoring was in place. Each person had a personal emergency evacuation plan to support staff and the emergency services in the event of having to evacuate people from the home.
- Fire drills had been carried out, although not during the night. We brought this to the attention of the regional manager during feedback and they said this would be addressed.
- Regular maintenance checks of the building took place, including all utilities.
- Good moving and handling techniques were observed during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from the risk of abuse and harm. One person said, "I feel safe here; it's the way I'm cared for by staff that makes me feel safe. They are always there for me."
- Staff were trained and understood their responsibility to report concerns or allegations of abuse or poor care practice.

Preventing and controlling infection

At the last inspection we recommended the provider continued to keep ancillary staffing levels under review to ensure systems are in place to maintain a clean and tidy environment.

At this inspection we found the recommendation had been addressed and the home was clean and tidy.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home followed the latest government guidance regarding visiting.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Systems were in place to record and report incidents and

accidents and what action had been taken.

- Safety measures had been put in place, such as the use bed rails or sensor mats when deemed necessary for people's safety when an incident had occurred.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection the provider did not have systems in place for people to receive person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People spoke highly of staff and said they were kind and caring and knew them well. A person told us, "Staff look after my personal needs very well and respectfully. I have to accept my situation and just get on with it. Staff are very kind to me." Another person said, "The carers are tremendous; nothing is too much bother to them." A relative said, "[Person's partner] still lives at home on their own, and when they come to visit [person] they are made really welcome. They [staff] often set up a table for both of them to have a meal together. [Person's relative] was here on Christmas Day and had a really lovely time."
- Positive staff interaction with people were observed. Staff appeared to know each person and were observed communicating and supporting them in line with their individual care needs.
- People's care records contained personal information, including people's equality characteristics such as people's religious needs.

Supporting people to express their views and be involved in making decisions about their care

At the last inspection we recommended the provider ensured that systems were in place for all people to be consulted and involved in decision making about their daily living requirements

At this inspection we found the provider had acted on our recommendations and improvements had been made to ensure people were consulted and involved in decisions.

- People and relatives were involved in decisions about the care and support being provided. One person said, "I can choose to have a male carer to help me have a shower if I wish." One relative said, "We were all part of the decision-making process that decided how [person] should be cared for."

Respecting and promoting people's privacy, dignity and independence

- People privacy was maintained. For example, some people preferred their bedroom doors closed and staff respected this.
- People were treated with dignity and respect. One person said, "Staff do treat me with dignity and respect. They're really lovely."
- People were supported to maintain their independence. People were encouraged to do as much for themselves as they could. Where support was required, this was given with respect. One person said, "They make sure I maintain my independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always planned in a personalised way. One person told us they should have received support with exercises to improve mobility, but this had not always occurred. Another person said they had not received vaccinations they should have had. The regional manager addressed this immediately.
- Records were not always completed to show people had received the care and support they should have. This included food and fluid charts and turning charts (for those people unable to move without the support of staff).
- People said tea trolleys were not always available in mornings and afternoons. We raised this with the management team who told us tea trolleys should be available at various times of day and would address this immediately.

Although the provider addressed some of these issues at the inspection, the provider did not have robust governance systems in place. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we recommended the provider ensured a system was in place for the provision of person-centred activities and entertainment to keep people engaged and stimulated.

Some improvements had been made, but further work was required.

- The management team recognised the importance of social interaction and had employed an activity coordinator. However, activities had not always taken place as planned and during the inspection, no stimulating activities took place. One person said, "Activities at Christmas were really good but general activities not overly great."
- Care and auxiliary staff tried to be involved in providing activities, but this had not always been possible due to their substantive roles being too busy.
- Some people liked to spend time in their own rooms. Staff tried to encourage people out of their rooms where possible to ensure social interactions took place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information could be adapted to different formats when required.
- People were supported with different technologies to support their communication needs.
- People's care records contained people's communication needs and preferences.

Improving care quality in response to complaints or concerns

- Concerns or complaints were addressed appropriately and any learning was shared with the staff team.

End of life care and support

- The home was not providing end of life support to anyone at the time of the inspection.
- Documentation was in place where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions had been made.
- End of life wishes were documented as appropriate.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider did not have effective systems in place to monitor and improve the quality of the service and ensure people received person-centred care. This was a breach of regulation 17 good governance.

Not enough improvements have not been made and the provider is still in breach of regulation 17 good governance.

- The registered manager had not always promoted a positive, open and inclusive culture. We received mixed feedback from staff about morale and the working environment at the home. Some staff told us they found the registered manager to be unapproachable and intimidating at times. Staff felt they were not able to express their opinions because of this. We gave feedback to the regional manager about this who was already aware of the situation. An action plan was in place to address the situation.
- Governance systems were not robust. Although a range of audits and checks were in place, improvements were required in the completion of some records. This included medicines and monitoring records to ensure people received appropriate levels of care and support.
- The registered manager had not always completed daily walk arounds to support staff and speak with people at the home. Staff told us that registered manager was not as visible as they should be. One staff member said, "The manager rarely engages with staff unless its negative comments. She rarely engages with her residents unless there is senior management visiting."

Robust governance procedures were not always in place. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were mostly complimentary about the management team and staff. One person said, "I think this place is well-led. Everything seems to flow easily. I never hear anyone moan and groan about this place."
- The manager was aware of their regulatory responsibilities in submitting notifications to the Care Quality Commission as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour and apologies were made when things went wrong.

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

- Staff were involved with the running of the home. For example, handover meetings took place at every shift change and provided an opportunity to communicate important information to the staff team. Some handover notes were not up to date. The regional manager was going to address this.
- Staff meetings took place. These had not occurred regularly. The regional manager planned to address this.
- People and their relatives were involved in the running of the home. For example, reviews of people's care took place with people and their relatives.
- We received mixed reviews about communication. One relative thought that communication could be improved while another said, "The staff are good at communicating and let me know if anything is wrong or if something has happened."

Continuous learning and improving care; Working in partnership with others

- The provider had a refurbishment programme in place to improve the environment for people. This included within the dining room areas.
- The regional manager was keen to put right, the issues we had found during the inspection.
- The registered manager had established good relationships with partner agencies such as, GP's, care managers, commissioners and safeguarding teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not have robust medicines procedures in place. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance procedures were not robust and had failed to either identify issues we had found or had not addressed them in a timely manner. Regulation 17(1)(2)(a)(b)(c)(f)