Dolphin Homes Limited

Caroline House

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

The inspection took place on the 30 March 2017 and was unannounced.

Caroline House is a service registered to provide accommodation for nine people with a learning disability. On the day of our visit there were eight people living at the home. Care was provided over two floors in the main house and in a separate bungalow in the garden. The home is located in a residential area close to community facilities.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People told us that they felt safe. Staff knew how to safeguard people from potential abuse and how to raise any concerns appropriately.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had been minimised to better protect people's health and welfare.

The provider had robust process in place for the safe recruitment of staff. Records demonstrated appropriate checks were undertaken to ensure staff were suitable for the role they were employed to undertake. There were enough staff deployed to meet the care and support needs of the people living in the home.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had been involved in their meal choices and we saw they had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

The provider had provided staff with appropriate support through induction, supervision, annual appraisals and training.

People had developed very caring relationships with each other and the staff. People and their relatives were extremely positive about the staff that supported them. Staff took time to chat to people and show interest in how they spent their time. People were encouraged to make their own day to day decisions about their care and maintain as much independence as possible.

Staff told us the registered manager demonstrated open and supportive leadership. The culture of the

service was person centred, open and transparent.

Complaints policies and procedures were in place and were available to people and visitors. People told us they were confident that they could raise concerns or complaints and that these would be dealt with accordingly.

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 remains good.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led	Good

Caroline House

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 March 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an inspection manager.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to send us within an agreed timescale. The provider completed a 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 people who used the service and two relatives. We also spoke with six staff members. We looked at three people's care records and records relating to the management of the service including systems used for monitoring the quality of care provided.

We previously inspected the service in March 2015 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes I feel safe, the staff look after me." One relative told us, "I trust the staff and know they would always keep everyone safe."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These provided staff with guidance on identifying and responding to signs and allegations of abuse. All staff had received training in safeguarding adults from abuse and those we spoke with demonstrated a good understanding of how to keep people safe from harm and raise any safeguarding concerns appropriately. For example, one member of staff told us, "If I had a concern I would raise it with my manager immediately. I am confident they would report it appropriately." Where concerns were raised we saw these were reported, investigated and remedial action was taken to keep people safe.

There were risk assessments in place relating to the running of the service and people's individual care. Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. There were individualised risk assessments in place for people living in the home. For example, we saw risk assessments relating to the use of mobility aids and managing the risks associated with people at risk of choking.

Systems were in place to manage and administer people's medicines safely. People had individual plans in relation to their medicines, these included any known risks. Medicine administration records (MAR) had been completed correctly. Where people were prescribed an 'as required' medicine there were clear guidelines for why it should be given, when it should be given and the maximum dosage that could be administered. Staff had completed training and an assessment of their competence had been carried out before they could administer medicines to people.

There were sufficient staff deployed to support and meet the needs of the people living at the home. Staff told us that staffing levels were sufficient to keep people safe and meet their needs. For example, one staff member told us, "There is enough staff to provide the care people need." A relative told us, "Yes I think there are enough staff on duty to provide safe care." The registered manager and staff told us they worked flexibly as team to ensure people were supported with their planned activities.

The provider had a robust recruitment process in place. We saw that each staff file contained a completed application form which provided details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer being made including proof of identity, references and a Disclosure and Barring Service (DBS) check. These checks enabled the provider to make safer recruitment decisions when employing new staff. Staff we spoke confirmed that they had not commenced work without a DBS being received.

The provider had a process in place for managing accidents and incidents and to prevent the risk of reoccurrence. Appropriate forms were completed for each accident or incident that had occurred. Accidents and incidents were reviewed on a monthly basis by the registered manager to see if there were any

emerging patterns. The registered manager ensured that all relevant incidents had been reported to CQC.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us it met their needs. For example, a relative told us, "The staff know people's needs very well and are skilled at meeting them."

New staff undertook a period of induction before they were assessed as competent to work on their own. This incorporated the care certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. One staff member told us, "During my induction I had a lot of training and shadowed staff so I could get to know the needs of the people and how to support them." Staff confirmed they received regular training such as safeguarding adults, medicine, basic life support and specific training such as epilepsy and on the use of a artificial feeding device. This demonstrated the provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

Staff received regular supervision and an annual appraisal. All staff told us they found these sessions useful. For example one staff member told us, "The supervisions and appraisal are a two way process. Very open and you can discuss anything. I find them useful." We saw from staff files that supervisions and appraisals were formally recorded.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with had a good understanding of the MCA 2005 and the need for people to consent to their care or be supported to be involved in a best interest decision were necessary. We saw that applications for DoLS authorisations had been made to the supervisory body (local authority). Staff demonstrated they understood MCA and DoLS and how these applied to the people they supported. Staff encouraged people to make decisions as independently as possible based on their ability.

People's dietary and food preferences were recorded in care plans. A weekly meal plan was displayed in the kitchen. It described the meal and showed a photograph of the meal. Meals were varied, included healthy options such as vegetables and a choices of main courses. For example, one staff member told us, "If a person decides they don't want what is on the menu. We always offer them something else they do want." Staff told us, "We discuss meal options, choices and preferences. We shop for ingredients and prepare the meals together." People had access to the kitchen and were supported to make their own snacks and meals.

One person said, "I like the food." A relative told us, "The food is varied and people seem to enjoy it." We saw that drinks were readily available, both with meals and at other times during the day.

Care records showed that people had access to healthcare services such as GPs, dentists, chiropodists and health professionals of the local learning disability team if required. Staff told us they would provide support to enable people to attend and understand any information given to them by healthcare professionals where necessary. Care plans outlined the level of staff support people required to attend appointments whether in the home or at a local health centre. A community healthcare professional told us they felt support provided by the staff and management team was good.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. For example, one person told us, "I like the staff they are kind to me." A relative told us, "I trust the staff they know [person's name] really well and know her little ways."

We observed that staff had built up positive and caring relationships with people who used the service. For example, we saw staff engaging with one person who had communication difficulties. We spent time observing their interactions with the staff. We saw kind and mutually respectful interactions. The person and staff discussed everything, including what they wanted to do that day, what they would like to eat and drink for lunch and how the staff could support them.

We observed staff supporting people at lunchtime and saw staff engaging with people in a kind and caring way. Taking time to support them in an unhurried way and making the time a very sociable event for people in the home and staff.

The staff team told us how they supported people in a respectful and dignified way. For example, one staff member told us, "Communication is really important. We never assume people don't understand." Another said, "I treat people how I would want to be treated myself with dignity and respect." Staff also explained how they ensured people's dignity and privacy during care interventions. For example, by ensuring doors were kept closed when giving personal care and ensuring people's dignity was respected by covering their body and respecting how the person wanted to be supported, including giving them privacy if they expressed a wish to be alone.

The manager and staff told us there were no restrictions on when relatives could visit the home. A relative confirmed, "I have not been told of any restrictions on visiting at all. Visit whenever I like."

People had access to an independent advocate if required. The information was provided in an easy-read format for them.

Good

Is the service responsive?

Our findings

We saw that staff understood and met people's individual care preferences and needs. Staff were able to interpret people's communication styles and behaviours to identify people's requests and needs. We saw that staff used other forms of communication such as pictures and body language to identify what the person wanted.

A relative described how the staff had involved their family member and themselves in the redecoration of their bedroom to ensure it was decorated to the person's personal taste. They also told us that the person and the family were fully involved in all aspects of their care and the family had always invited to any reviews.

People's care plans were person centred and contained information on their likes, dislikes, communication needs, daily activities they liked doing and the support they needed to complete these. Plans described what people could do independently or with minimal support and were reviewed regularly. People had a health action plan to record their health needs. These needs were reviewed on a regular basis. We saw that when people's needs changed, the staff acted promptly to ensure the care and support adjusted to respond to these changes.

During the inspection we saw staff respond to people quickly when they needed support or assistance. For example, supporting a person to make a drink for themselves and supporting someone to the toilet.

People and their relatives were confident that they could raise concerns to the staff team and it would be taken seriously. We saw a pictorial complaints procedure which was easily accessible for people living at the home. The procedure gave clear information for people to know how to complain and who to.

Good

Is the service well-led?

Our findings

Staff said the team were supported well by the registered manager and senior management of the service. Staff told us there was a positive working culture at the home and they felt valued. For example, one staff member told us, "It's a very supportive team and we work together, being consistent in the care we give to the people living here as they are the priority, but also each other." Another said, "Staff are happy, the people living here are lovely and the manager is supportive." Staff told us the registered manager was very visible in the home and would regularly spend time with people living in the home and support staff if they needed it.

Staff told us the communication between the management team and staff was very good. Regular staff meetings had been held and these were used to inform staff of any concerns, complaints or changes to the service and also as an opportunity for staff to share and discuss ideas.

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks were being carried out on a weekly and monthly basis. These included checks on people's medicines records, their care plans, accidents and incidents that had occurred and health and safety within the home. As well as robust in-house quality auditing, the service benefitted from audits by the provider. The senior management team undertook health and safety and quality audits on behalf of the provider. The audits were shared with the staff team and everybody was involved in correcting any identified issues.

The registered manager had systems in place to record and respond to incidents, accidents, and concerns of abuse. They were aware of their duties under the duty of candour regulations and were open and honest in their approach. They were also aware of their responsibility to notify the Care Quality Commission of any significant events and had submitted statutory notifications where necessary.