

J C Care Limited

Dolphin Lane

Inspection report

1, Dolphin Lane
Thorpe
Wakefield
WF3 3DN
Tel: 01924 872080
Website: www.craegmoor.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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection carried out on the 3 December 2015. At the last inspection in October 2013 we found the provider met the regulations we looked at.

Dolphin Lane is registered to provide accommodation and personal care for up to 15 people who have a learning disability. The home has a kitchen, dining area and lounge. The home has en suite facilities in all rooms and two self-contained flats. The home has a small garden area and is within easy walking distance of the local amenities.

There was 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 and associated Regulations about how the service is run. The registered manager was on planned absence from the service at the time of the inspection and the provider had appointed an acting manager.

Summary of findings

There was a very person centred approach and culture in the service. It was clear the service was tailored to meet individual needs and support people to achieve their dreams, aspirations, hopes and ambitions. People participated in a range of activities both in the home and community, this included paid employment and voluntary work.

People were very happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support. People who used the service had positive relationships with staff. It was clear staff knew people and their needs well.

People told us they felt safe at the service. Staff showed a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe from harm while also encouraging and supporting people's independence. Staff and the acting manager demonstrated a good understanding of risk management and how this was used to maximise people's potential and independence skills.

Overall, people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

There were enough staff to support people and keep people safe. Staff training and support provided staff with the knowledge and skills to support people well. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff were aware of how to support people to raise concerns and complaints and there were effective systems in place to assess and monitor the quality of the service; which included seeking and acting on feedback received from people who used the service.

Summary of findings

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 safe.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety while also encouraging independence.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Overall, there were appropriate arrangements for the safe handling and management of medicines.

Good



Is the service effective?

The service was effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People enjoyed their meals and were supported to have enough to eat and drink.

Staff told us they received good training and support which helped them carry out their role properly. Staff completed an induction when they started work.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Good



Is the service caring?

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was very responsive to people's needs.

People had good access to activities in the community and their home; this included paid employment. They were also supported to maintain friendships and family contact and lead the lives they wished to lead.

People were supported to lead fulfilling lives by staff who encouraged them to express their dreams and aspirations and then worked with them to find ways to achieve these. There was a strong emphasis on making sure people's goals and dreams were fulfilled.

Outstanding



Summary of findings

There were systems in place to ensure complaints and concerns were fully investigated. Staff were aware of how to support people to raise concerns and we saw the provider learnt from suggestions raised and made improvements to the service.

Is the service well-led?

The service was well- led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

Good



Dolphin Lane

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 3 December 2015 and was unannounced.

At the time of our inspection there were 15 people living at the service. During our visit we spoke with 13 people who used the service, six members of staff which included the acting manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of learning disability care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete 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. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service said they felt safe and well supported. One person told us, “I feel safe here; we are all one big happy family.” People told us they liked living at the home with the people they lived with. A number of people who used the service said they had lived at the home for a long time with the same people who they considered friends and ‘like family’. We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff. They had a good relationship. People who used the service described the staff as friends. Minutes of meetings for people who used the service showed that abuse was a regular discussion item. People could give examples of the types of abuse and knew to report anything to staff.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems. Staff said they would have no hesitation in reporting any concerns of abuse or bad practice.

We saw safeguarding incidents were reported appropriately to the local authority and the CQC.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported.

We looked at three support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery such as personal care, road safety, self-administration of medication and choking. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff were able to describe the risk management plans of people who used the service and how they

maintained people’s safety while also encouraging independence. One staff member said, “It’s so important for people’s self-esteem and worth to have their independence but with the backup of that being safe.”

We saw there were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment used in the home. We saw the home was clean, tidy and homely. We looked at the maintenance records in the home and could see regular checks took place and any maintenance requests were acted upon promptly. Safety certificates for gas and electrical safety were in place to show this had been checked and services carried out as required.

Through our observations and discussions with people who used the service and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. Staff we spoke with said there were enough staff to meet people’s needs, and they did not have concerns about staffing levels. Rotas we looked at showed staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours. People who used the service said there were always staff available to them.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for the two most recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

We looked at the systems in place for managing medicines in the home and found there were overall appropriate arrangements for the safe handling of medicines. Each person who used the service had their own individual locked medicines cabinet in their room. We saw medication administration records (MAR’s) were completed correctly and medicines were audited on a regular basis. People’s care records provided information about how to support people with their medicines, this included self-administration. We saw from records that a monthly

Is the service safe?

assessment of people's ability to administer their own medications was planned for. However, one person's records we looked at did not show this took place every month. The acting manager said this would be addressed with staff to make sure it took place monthly.

People were supported to manage their medicines safely and at the time they needed them. However, the temperature in two people's rooms exceeded the manufacturer's recommendations that medicines should not be stored at temperatures above 25 degrees centigrade to ensure their effectiveness. The acting manager agreed to rectify this on the day of our visit and to introduce more spot checks to ensure daily room temperatures were recorded.

Staff who administered medicines told us they had completed medicines training and competency checks to ensure they administered medicines safely, and the records we looked at confirmed this. The provider had guidance for administering medicines and had a copy of the NICE guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes.

There were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence. Staff were aware of the reporting systems for accidents or incidents.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of training courses including basic life support, mental capacity act, health and safety, safe handling of medicines, food safety, moving and handling and safeguarding vulnerable adults. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and the acting manager said they were booked to ensure staff's practice remained up to date. Specialist training, specific to the needs of people who used the service was also provided for staff. This included introduction to Asperger's syndrome and introduction to autism.

Staff we spoke with told us they received good support from the acting manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff told us they received effective training and were kept up to date. Comments we received included; "They are very on top of things; make sure we do our training and all our updates." All staff had completed an induction when they started in their role. They said this prepared them well for their job.

People who used the service had access to healthcare services when they needed them. We saw records in people's support plans which showed they had regular contact with healthcare professionals such as GP, district nurse, community mental health teams, opticians and dentist.

People who used the service said the staff were prompt in gaining medical attention when it was needed. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. People who used the service were encouraged to discuss and talk things through regarding their health needs. A staff member told us that a person with diabetes was given regular support regarding their diet and management of sweet foods.

We saw one person had become distressed when using a community health resource so the staff had arranged for the health practitioner to attend to them at the home where they felt more comfortable and at ease. Each person had a health action plan that set out their specific health needs and a hospital passport. This gave information on essential needs and would accompany people to any hospital admissions.

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. Staff showed a good understanding of the way people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care or support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent and gave people time to do so.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. The authorisation for one person who used the service had expired, however this had been re-applied for and the service was currently waiting for the local DoLS team to authorise this. The acting manager showed a good understanding of DoLS and the application process. For example, we saw for one person that a DoLS request for a

Is the service effective?

Standard Authorisation had been completed following a documented best interests meeting which discussed a capacity assessment which had identified the person lacked capacity.

Support plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people had been encouraged to make decisions. Staff told us they had received MCA training and were able to give us an overview of the key requirements of the MCA. Staff we spoke with showed a good understanding of protecting people's rights

to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

People were supported to maintain a balanced diet. We looked at the menus which showed people ate a varied and balanced diet. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu. We saw this to be the case on the day our visit. A number of people who used the service liked to do their own cooking. They told us they enjoyed this independence and staff gave them the support they needed such as help with meal planning, budgeting, checking use by dates and advice and guidance on healthy eating. One person said, "Staff help me to read labels on food packets."

Is the service caring?

Our findings

People we spoke with told us they were very happy living at the home and staff were kind and caring. It was clear they valued the support they received from staff. People's comments included; "I am treated very well here, I like all the staff and they all like me" and "It's like a family here." Another person said, "Staff are great, just like friends and they really help you." People we spoke with who were without family members felt that everyone at the service was their family.

We observed staff spoke with people in a caring and encouraging way and supported their needs well. People looked well cared for, which is achieved through good standards of care. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. Staff were encouraging and supportive in their communication and interactions with people. They gave people time and space to make themselves understood. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff we spoke with said they provided good support and gave examples of how they ensured people's privacy and dignity were respected. They said it was important to respect people's rooms and never go in them without asking for permission. They said they did not impose their own standards such as tidiness on people and it was up to people who used the service how they wanted to have their rooms. We saw staff responded to people promptly and discreetly when care interventions were required. Staff demonstrated they knew people very well and had a good understanding of their support requirements, their history, their preferences and their future hopes and aspirations.

Staff were trained in privacy, dignity and said the acting manager worked alongside them to ensure this was always put in to practice. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people and spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. One person who used the service said "The staff look after you." Another person said, "The staff help me feel more confident."

Staff and the acting manager spoke warmly and fondly of people who used the service. Many of the staff team had worked at the service for a number of years. Staff and people who used the service spoke of the 'Dolphin traditions' at Christmas. They said they always went out for a group meal to celebrate the season, staff always cooked the Christmas dinner and they had a pyjama or Christmas jumper day on Christmas eve for people who used the service and staff. Staff showed they respected and valued people who used the service as equal partners. A person who used the service said, "We have fun here."

People who used the service said they had been involved in developing and reviewing their support plans. We saw evidence that people who used the service were included in their support plan development. They had signed them to say they were in agreement with them and engaged in a monthly meeting with their key worker to discuss the plans and if they were still relevant to their needs. One person told us, "The staff talk with me and help me." Another person said, "The staff help me feel more confident."

The acting manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw information was available in the home on a local advocacy service people could access if they wished.



Is the service responsive?

Our findings

Without exception, people who used the service told us they enjoyed a fulfilling and active life based on achieving their dreams and ambitions. We saw a display celebrating all the goals people had set for themselves and a time frame for when they wanted to achieve them by. People told us in detail and with pride how staff worked with them individually to achieve these goals and then set new ones. Staff and the acting manager showed a passion and commitment to 'making things happen'. Comments such as "We can always find a way", "We won't be deterred" and "We have a can do attitude" were heard throughout our visit.

Goals for people who used the service included; going to see a popular comedian, having a spa and manicure day and to meet up with a family member that the person had lost touch with. Staff assisted people to achieve these goals by helping them organise tickets or searching through old records for contact details. Photographs showed the person who went to see the comedian, then met him after the show. We spoke with the person and they described this as "The best day of my life." We also saw photographs of the family re-union for a person who used the service. They had not seen their family member for many years. The acting manager said both the family member and person who used the service were delighted to be reunited. Some people had set goals that were long term such as saving up for a holiday of a lifetime. One person who used the service told us how staff encouraged them to keep saving and that they had nearly reached their target. They said staff had kept them going and they were now very excited at having almost completed saving for the holiday. They told us how much they were looking forward to planning their holiday and they were going to invite a family member to enjoy the holiday with them. They told us, "I cant wait, it will be very special."

We saw staff went 'the extra mile' to be responsive to people's needs. One person who used the service had expressed a wish to mark a family grave with a memorial. A staff member had made a cross and assisted the person to put this up at the cemetery. We saw a photograph album had been made to capture the memory of this significant event. On the day of our visit we saw another person was given support to look at booking tickets for a rock concert they wished to attend. The staff member listened to what

they wanted which included getting VIP tickets and advised them of how they could do this. Another person had expressed a wish to meet a famous person. The acting manager said they would look in to ways of achieving this and had ideas for trying to make contact with the famous person. It was clear there was a positive attitude to helping people achieve their dreams and aspirations. The acting manager said, "We never say never."

People who used the service were involved in a wide range of activities within the home and the community. This included paid employment and volunteer work. Some people who used the service had jobs they had been working in for a number of years and one person who used the service had set up their own enterprise within the home in response to a local shop closing. People were supported to attend churches of their chosen denomination and were encouraged to share their cultural backgrounds and knowledge. One person who used the service told us they regularly cooked a Jamaican meal for people who used the service and staff. We saw people had activity planners in place which matched their interests and hobbies; with activities such as swimming, card making, baking, community art classes and shopping.

In a recent meeting, people who used the service had said they wanted to set up a 'pub night' in the home. The acting manager had purchased a dart board and pool table and was looking into how they could involve people in building their own bar from re-claimed wood. One person who used the service said they were looking forward to arranging 'home and away' darts and pool tournaments with other homes owned by the provider. The acting manager said people often went out to local pubs and restaurants but appreciated that some people enjoyed entertaining at home and this would be a good way of supporting that.

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. We looked at the care records for three people who used the service. Care and support plans contained details of people's preferences, routines and information about people's health and support needs. Information was person centred and individualised and gave staff clear guidance on how to support people as they wished.



Is the service responsive?

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Support plans included a one page profile of people. A one page profile is a summary of what is important to someone and how they want to be supported. Staff told us these really helped them to get to know people and their personality. Staff had also completed a skills and interests profile which was on display at the home. Staff and the acting manager said this helped with matching the interests of staff with people who used the service.

Support plans were developed individually following appropriate risk assessments with involvement of both the person who used the service and their families, where appropriate, in collaboration with external health professionals if needed. We saw support plans were updated regularly and swiftly with all relevant information added, in response to any changes in needs.

The home had systems in place to deal with concerns and complaints, which included providing people with

information about the complaints process. This was available in easy read format for people who may have had difficulty with reading. People who used the service told us they had no complaints or concerns about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the acting manager or staff. On the day of our visit, a person who used the service did not like the evening meal that was cooked. They had no hesitation in bringing this to the attention of the acting manager who responded promptly to arrange an alternative meal. It was clear people who used the service had the confidence to 'speak up'. People told us they felt listened to if they brought anything up. One person said, "I tell them what I think."

As a result of this approach, the service had not received any complaints for many years. Staff said they always tried to address any 'niggles' and concerns as they came up but were aware of people's right to make a complaint. People who used the service also told us they attended monthly house meetings known as 'Your Voice' where they discussed the home and could put forward suggestions to help improve the service.

Is the service well-led?

Our findings

There was a registered manager in post; however they were on a period of planned absence at the time of our visit. The deputy manager was currently the acting manager and supported by a team of senior support workers and support workers. People who used the service all spoke highly of the management team and how the home was well run. One person told us; “[Name of acting manager] keeps an eye on everything and everyone; she does a brilliant job.” Another person said, “This place is very well run, everyone does their bit.”

Staff also spoke highly of the management team and spoke of how much they enjoyed their job. Comments we received included; “This is the best job I have ever had”, “I love coming to work here” and “The manager and all the team are so supportive, never known such good team work.”

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the acting manager was aware of issues that affected the service. Staff said the acting manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

People who used the service were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the

service. We looked at the results from the latest survey undertaken in June 2015 and these showed a very high degree of satisfaction with the service. People’s comments included; ‘Staff are pleasant, service users are nice, I like how the home is’, ‘Staff are not controlling, staff explain things to me and ‘I get on with everybody very well, I am happy with the activities I do.’ Some people had said they would like more day trips out. We saw from records of activities that the home had a new mini bus and recent trips had included a safari park, seaside visits and city visits. This showed the provider was responsive to people’s comments on how the service could be improved. The acting manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted from the service.

The acting manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety, and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed.

We were told that a senior manager visited the home regularly to check standards and the quality of care being provided. The acting manager and staff said they spoke with people who used the service, staff and the manager during these visits. We looked at the records of recent audits and saw that any actions identified were acted upon to ensure continued improvement in the service.

Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as accidents/incidents, safeguarding concerns and senior manager’s visits to prevent re-occurrence and improve the service.