

Dolphin Homes Limited

Fairlea

Inspection report

46 Fairlea Road
Emsworth
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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 April 2016 and was unannounced. The home was previously inspected in July 2014, where no breaches or legal requirements were identified.

46 Fairlea Road is a care home that does not provide nursing. It provides support for two people, with a learning disability and behaviour which challenges. Fairlea Road is a quiet residential road in Emsworth with access to the local community.

The home had not had regular management input for about a year. There was a longstanding staff group who knew people well. One of the staff was the deputy manager.

A registered manager was in place however they had a new role which meant they had not visited the care home regularly. A new manager had been appointed and they told us they would be applying to the Commission. We refer to this person as manager throughout the report. 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.

Risks associated with people's care and support had been assessed and plans had been developed to ensure that staff met people's needs consistently and reduced such risks.

During the inspection people told us, or indicated that they enjoyed living at the home, and staff we spoke with and observed understood people's needs and preferences well. Staff were able to describe to us how people needed to be supported to ensure they were cared for safely, and the rationale behind this.

Whilst staff knew people well, it was not possible to see how staff had involved people in looking at their support needs and risks associated with those needs.

Observation demonstrated people's consent was sought before staff provided support. Staff and the manager demonstrated a good understanding of the Mental Capacity Act 2005.

We found that staff received a good level of training; the provider's own records evidenced this, as did the staff we spoke with.

Staff demonstrated a good understanding of safeguarding people at risk. They were confident any concerns raised would be acted upon by management and knew what action to take if they were not. Medicines were managed safely, although temperature checks were not always recorded.

Although no new staff had been employed at the service for over 18 months we saw that thorough recruitment checks had been carried out and the provider ensured there were enough staff on duty to meet

people's needs. Staff received a thorough induction when they first started work which helped them to understand their roles and responsibilities.

Due to a lack of consistent management we saw that staff had only received supervision twice in the last 18 months. However the staff told us they felt they supported each other well.

People and their relatives knew how to make a complaint and these were managed in line with the provider's policy. Systems were in place to gather people's views and assess and monitor the quality of the service.

There has been a lack of regular manager input in the last 12 months which had impacted areas such as audits, staff supervision and recording. The provider had systems in place to ensure people's safety by monitoring the service provided and this should improve now there is a manager in place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Identified risks associated with people's care had been assessed and plans developed to mitigate such risks.

Staff had a good understand of safeguarding. They knew what to look for and how to report both internally and externally.

Recruitment processes ensured staff were safe to work with people at risk and the provider ensured appropriate staffing levels to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were well supported to understand their roles and responsibilities thorough informal supervision and training.

Staff had a good knowledge of the Mental Capacity Act 2005 and the need for best interest decisions to be made. They demonstrated they involved people in making decisions and respected the decisions they made.

People's nutritional needs were met and they had access to healthcare professionals when they required this.

Is the service caring?

Good ●


The service was caring.

Staff treated people with kindness and respect. They demonstrated a good understanding of the importance of promoting independence, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

<p>Staff knew the people well. The planning of care was personalised and reflected of people's needs.</p> <p>A complaints procedure was in place and people knew how to use this.</p>	
<p>Is the service well-led?</p> <p>The service was not always well led.</p> <p>People's records were not always accurate and complete.</p> <p>Systems were in place which monitored the service however due to a lack of regular manager input these had not always been completed.</p> <p>The new manager had begun auditing the service and staff were encouraged to share concerns and make suggestions.</p>	<p>Requires Improvement </p>

Fairlea

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.

The inspection took place on 18 April 2016 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke to both people living at Fairlea and two relatives. To help us understand the experience of people we spent time in the lounge with them and the staff.

We also spoke to the manager and three staff. We looked at the care records for both people and the medicines administration records for both people. We reviewed two staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for the previous month. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits, policies and procedures.

Is the service safe?

Our findings

Observations of interactions of staff showed people were comfortable and relaxed with staff. People were able to tell us about their experiences and said they liked it at the home and felt safe.

Staff knew people well and the assessment of risk and planning of care to implement measures to reduce such risks was effective. The care plans stated people had been involved in the planning of their support, however this was not evidenced in the care plans through wording or statements by the people. We spoke with the registered manager and manager about this and they stated they would look at involving people more in the planning of their care. There had been no incidents recorded in the last twelve months. Staff confirmed that any incidents would be recorded on an incident sheet.

Staff had a good understanding of safeguarding adults at risk. They were able to identify the correct safeguarding and whistleblowing procedures to follow should they suspect abuse had taken place. They were aware that a referral to an external agency, such as the local adult services safeguarding team should be made, anonymously if necessary. One member of staff told us, "I would always tell a manager if I thought abuse was taking place. I'm sure they would do something but if they didn't, I'd let the local authority or CQC know."

There was no dependency tool used to establish staffing levels. We saw however, that from 7am to 7pm there were two staff on duty. People received one to one support throughout the day which meant they could be supported to do whatever they wished. The home did not use agency staff, instead using existing staff to cover vacant shifts or through the use of the provider's 'bank' system. Staff spoken to felt there were enough staff to meet people's needs. When asked one said "Yes, there are. No doubt about that." Our observations showed staff responded quickly to people's needs and requests. One member of staff said "We work in pairs to cover the rota so I always work with [name]. They like to do the sleeping in duty so I work round those. There are not usually problems with cover as we do those ourselves."

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview. If successful at that interview a second one was held which included written tests. Following the interviews, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

Medicines were stored safely. Medicines were kept in a locked cupboard in a cabinet. The temperature of the cupboard storing medicines was checked twice daily. However, we saw that for the two days prior to our inspection no records were made. The manager told us that staff would be reminded of the importance of these records in the team meeting. Tablets and capsules were mainly administered from blister packs and other medicines were labelled with directions for use and contained both the expiry date and the date of opening. Records showed medicines were administered as required and there were no gaps in the recording of medicines.

Is the service effective?

Our findings

We observed staff asking permission before providing support to people and they always checked they were happy with this.

On starting employment, all staff underwent a formal induction period. Staff records showed this process was structured around allowing staff to familiarise themselves with the policies, protocols and working practices and was based on the Skills for Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff 'shadowed' more experienced staff until they were confident and competent to work alone. The staff we spoke with felt they were working in a safe environment during this time and felt well supported. One staff member told us, "I thought the induction was really good."

Supervision sessions had not been undertaken with staff in line with the provider's policy. Two staff files we looked at showed that the staff had only received two supervisions last year in August and November. The deputy at the home had been carrying out supervision but they also carried out one to one support when they were at work. They formed part of the two pairs of staff that worked at the home. One member of staff said, "I do feel well supported anyway but supervision helps." Another member of staff told us, "I wouldn't wait for supervision if I had a problem." Both of the members of staff we spoke with felt well supported in their roles. The new manager told us that part of her plan was to ensure the deputy was able to have some time away from caring to carry out supervisions or she would do them herself. Also the manager noted that the provider required appraisals to be carried out between April and June 2016.

A staff training database was in place, which monitored the training undertaken by all staff. Training was provided in a number of areas including infection control, moving and handling, safeguarding of people and the Mental Capacity Act 2005. Other courses included the administration of medicines. Training was either via eLearning which involved a work book which was sent for marking or face to face training. Staff told us they found the training to be useful and helped them in their role. One said "I've learned a lot since I've been here. I updated my SCIP last month, not that I have ever needed it." (PROACT SCIP stands for Positive Range of Options to Avoid Crises and use Therapy and Strategies for Crises Intervention and Prevention).

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the Mental Capacity Act 2005 and DoLS with the registered manager and staff. This act provides a legal framework for protecting people who are unable to make decisions for themselves and to ensure any decision made are in their best interest. DoLS is a part of this legislation and ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests and the least restrictive option.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. This Act provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff were able to describe the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They

described the purpose of the Act to us and its potential impact on the people they were caring for. Observations throughout the inspection showed staff sought people's consent before acting. We saw how staff respected people's right to make their own decisions. For example one person chose to be independent in the home by moving about on the floor, so the floor was kept clean and clear of objects.

The manager demonstrated knowledge of Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities in relation to this. No one at the home required this. People received one to one support to leave the home whenever they wished, the doors could be opened by the people living at the home and there were no restrictions.

People said they enjoyed the food and drinks offered and there was always a choice. We observed lunch for one person who was at home. Staff had asked them what they wanted and they had chosen snacks for lunch. The other person was out at lunchtime. When they came back, they told us they had chosen to have a burger for their lunch on the way home.

People had access to a range of healthcare professionals including community nurses, dentists, and GP. Records were kept of appointments, and advice that had been given or any action that was required.

Is the service caring?

Our findings

One person using the service told us, "They [staff] are my favourite." People indicated or told us staff were kind and they liked living in the home.

We asked one person about living at Fairlea and they told us that they thought it was "good" and that they liked their bedroom. One member of staff said "We are experienced, do our best and have good interaction with the guys."

When we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. We saw that staff addressed people with warmth and kindness, and understood people's needs well.

Care plans showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needed. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored to ensure it met their needs, although this was not consistent across both people's records. We noted, however, that there was little evidence of people being involved in their care planning although it was recorded they had been involved. The new manager told us how they were in the process of obtaining people's views of their care and what their relatives thought of the service.

We asked the two staff about people's personal histories and preferences. They could describe in detail their knowledge about these areas. People supported at Fairlea had very specific preferences, and staff demonstrated their knowledge of this when supporting the person in a way which met their needs.

There were two vehicles at the home, one belonged to one person the other to the home. All the staff were registered to drive which meant people could go out whenever they chose to. They could choose where they wanted to go and what they wanted to do. It was evident by the interaction we saw between staff and the people that lived at Fairlea, that there were good relationships and people trusted the staff.

Staff recognised the importance of encouraging people's independence. We saw people were supported to maintain their independence inside the home. For example one person was encouraged to take their clean clothes to their room and put them away. Another example was enabling the person to go to their room or the bathroom by ensuring there were no objects on the floor to prevent their movement. Adaptations had been made so people could use the facilities themselves for example a hand rail in the hallway so one person could use it to help themselves to stand and dance.

Is the service responsive?

Our findings

Staff told us that people were able to participate in a range of activities. People were regularly supported to attend social clubs, community activities and other leisure activities. Because people were supported on a one to one basis by staff, they were able to undertake a personally tailored activities programme.

We checked care records belonging to the people who were using the service. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care records showed that people's care was reviewed regularly to ensure it met people's needs.

Staff had a good knowledge of person centred care and were able to tell us what this meant. They knew the people they cared for and the support they needed. Staff told us that people had been quite stable in their needs recently and as keyworkers they would ensure changes were addressed.

There was a complaints procedure in place. People would talk to staff about any issues they had. The complaints policy and procedure included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been one complaint recorded in the last year. We looked at documentation related to this and found the complaint had been managed in a timely and satisfactory manner.

The manager explained the on call system which staff could use for support. This was the new manager of the home being available Monday 9am to Friday 5pm then an on call system for out of hours and over the weekend. The on call manager had lists of people living in the five homes they covered, and contacts for relatives, GPs and safeguarding contacts. The expectation was they would visit each of the five homes over the weekend and on the Monday they would give each home a report of any incidents. The new manager explained that this was usually done by a phone call to the managers each Monday. They had received this call each week they had been at the service.

Is the service well-led?

Our findings

The service had a condition on its registration that the provider should have a registered manager in place; however, the home's current registered manager had changed post and only oversaw the home on a general basis. The daily management of the home was left to the deputy and senior.

A newly appointed manager had been working for the provider for two weeks. They had already begun looking at the service to see what actions needed to be taken and have shared their action plan with us. They told us they were in the process of making the necessary arrangements to submit an application. They had been a registered manager previously so were aware of their obligations.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the purpose of their roles.

A staff meeting was due to be held on the 28 April 2016. Staff we spoke with were aware of this meeting and the agenda which was in the office. For example job allocations and 'improvements you would like to see'.

There were regular weekly discussions with the two people at the home to discuss the coming week for meals and anything they wanted to do.

There was a quality audit system which was used within the service. It comprised of weekly checks carried out by the staff on, for example, fire, infection control, vehicle checks, kitchen cleanliness and food safety, incident and accidents. With only four staff working at the home the manager had realised that not everyone had an equal share of responsibilities. For example only two staff could be key workers, as there were only two people living at the service. They aimed to discuss this with staff as due to the lack of regular management input some areas had not been reviewed as regularly as needed, due to staff spending their time with the people living at the home on a one to one support basis.

The area manager currently registered as the manager carried out bimonthly audits of the service and produced an action plan. These were in addition to a yearly audit by the provider's quality audit team.

Records were not always accurate. For example, the temperature of the cupboard containing the medicines had not been recorded over the weekend before our visit. The fire drill record did not show that staff had carried this out as needed every six months. For one person who on their healthcare plan was deemed not to have capacity, there was no capacity assessment for this or any other support need. Each care plan and risk assessment had a sheet for staff to sign to say they had read and understood the record. These had not been consistently signed by staff. There was also at the back of each care plans a monthly review record. Again there was not always a record every month to indicate that care plans had been reviewed. Each person had a healthcare file which contained any care plans related to their physical wellbeing. We saw that in each file the same information had been printed out for both people with a different name on it. The manager later found the correct information for the second person. This had not been found prior to our

visit.

The lack of clear, accurate and contemporaneous records regarding a person's care was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <p>The lack of management and auditing of the service meant that records were not always complete to reflect the service delivery and people's needs. Regulation 17(c)</p>