

Dolphin Homes Limited

Orchard Lodge

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

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

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

The service could show how they met the principles of Right support, right care, right culture.

People lead confident, inclusive and empowered lives where they were in control and could focus on areas of importance to them. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred and enabled them to make meaningful choices.

The needs and quality of life of people formed the basis of the culture at the service. Staff undertook their role in making sure that people were always put first with enthusiasm. They provided care that was genuinely person centred and directed by each person.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered through inclusion in the development of people's care to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints with a view to improving outcomes for people.

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 service supported this practice.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
- People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where

restrictive practices were used.

- People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to maintain independence and promote choice.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
- People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- Where people were at risk of placement breakdown, or had recently been discharged from hospital, there was clear support plans and reviews to try to prevent hospital admission. Staff worked well with other services and professionals to prevent readmission or admission to hospital.
- People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Our last inspection found a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities). This inspection found the provider had systems in place that were robust enough to demonstrate safety was effectively managed.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Orchard Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a medicines inspector and an 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. One inspector visited the home on the 07 June 2021 and 28 June 2021. An Expert by Experience made phone calls to relatives on 25 June 2021. One inspector and a medicines inspector visited the home on 29 June 2021. One inspector and an expert by experience visited the home on 01 July 2021.

Service and service type

Orchard Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, having consideration of the coronavirus pandemic, we gave the registered manager notice of our arrival from outside the premises. We were notified that the home was in isolation. We arranged to return for a site visit following the end of the isolation period.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan the provider sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met all the people living at Orchard Lodge, one person was able to share their feedback with us. We spoke with seven staff members including, a senior support worker, four care staff, a trainer and the registered manager. We spoke with three family members. We reviewed a range of records. This included four people's care records and six people's medication records. We looked at four staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 the provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) 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 17.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment met people's sensory and physical needs.
- People were kept safe from avoidable harm. One person told us, "I am very happy here and I feel safe." A family member told us, "The staff and manager have done an excellent job keeping everyone safe."
- The service had enough staff, who knew the people. One staff member told us, "Everyone who works here knows the home really well." A family member told us, "The staff team is very settled and that is a good thing."
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. A staff member told us, "Any concern I would go straight to my manager, head office or the on-call duty manager and report it. If I couldn't within the company I'd go straight to social services."
- During the inspection we observed people being supported to participate in safeguarding training. This was a bespoke training course delivered to people. People were encouraged to discuss different types of abuse and what this could look like. For example, not having choices, having strict routines or having things purchased for them without being able to choose or being asked. The training course included the different actions people could take if they ever felt unsafe or at risk of harm.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person had been supported to understand the restrictions in place for accessing the local shops during the pandemic and the requirements to wear a face mask.
- Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans. Records we viewed, and staff confirmed, that people's needs were met through the use of supportive measures. A staff member told us, "The focus is on re-direction and distraction. Finding out what it is that is wrong."
- Staff understood that restrictive interventions include restraint, segregation and seclusion. One staff member told us, "We follow their PBS (positive behavioural support) plan which is reviewed annually and if something changes then it is changed immediately."
- The service recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. Leaders reviewed these incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.

- People's care records were accessible to staff, and it was easy for them to maintain care records. However, the care records did not always reflect the person-centred support we observed being offered to people. We spoke to the registered manager about this who acknowledged this was something they were working with the staff team to improve on.
- People received the correct medicines at the right time. People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- Staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.
- The service kept people and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. We observed people making real choices in the structure of their day and the activities they took part in. One person told us, "I make my own choices and do the things I like to do."
- Care and support plans were holistic and reflected people's needs. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. We observed this in practice during the inspection, a person new to the service had their care plans updated to reflect new personalised information. We saw that their care plans had been updated frequently over a short period of time as new information was discovered and shared.
- People were able to input into choosing their food and planning their meals. Staff offered people opportunities to be involved in preparing and cooking their food and drink. For example, we observed one person being encouraged to make their own coffee.
- People could access drinks and snacks at any time. A staff member told us, "We menu plan with people but they can choose what they want so before it is cooked, we ask them if it is what they want and if not then offer something else."
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
- People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. One staff member told us, "[Person's name], we support him to be as independent as he can; put his t-shirt on, brush his own teeth. He can put the brakes on his wheelchair himself and can do up his own lap belt."
- We saw people engaging in a range of activities, from celebrating a themed birthday party, tie-dying clothing, interactive reading and musical instruments. Staff told us how they had tried to be innovative with activities for people, especially during the pandemic. They told us how they offered different types of activities to see if people became engaged in new experiences or discovered new interests which could be built on. For example, we observed people being offered the opportunity to look at different insects under a magnifying glass. One person really engaged in this activity and it was expanded to look at different items.
- People were referred to other professionals such as neurology and speech and language therapy where appropriate.
- People had good access to physical healthcare and were supported to live healthier lives. A staff member told us, "Professional visits take place in their bedroom. The person the appointment is about is included. We have a system called Nurses Hub with a camera where they can actually see the person, we get consent

from the person we are supporting, and they are on that link themselves with a member of staff to support."

- People received support from staff who had received relevant training, including around learning disability, autism, mental health needs, human rights and all restrictive interventions. A family member told us, "The staff team undertook special training to support my loved one. This was completed so the team knew how best to support my loved one from the day they moved into the home."
- All restrictive interventions are regularly monitored and reviewed. The registered manager, staff team and positive behavioural support (PBS) lead had recently reviewed one person's PBS support plan. Following the successful proactive strategies implemented consistently by the staff team a physical restrictive practice previously in use had been discontinued. This had resulted in a positive outcome for the person and improved their quality of life.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. A staff member told us, "If I have any concerns, or not sure on something, [registered manager's name] will sit there and take the time to show me and ensure I understand."
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. A staff member told us, "It is treating everyone as an individual and respecting their decisions no matter how unwise they may be and support them in people's best interests."

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.

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support. A member of staff told us, "Some people like [person's name] is able to vocalise and tell us exactly what they want and how. For others we have Easy Read information to share." Easy read refers to the presentation of text in an accessible, easy to understand format.
- We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, for one person being supported to have their blood pressure taken, we observed the staff member asking them for permission to take the reading. The staff member fully explained what was happening and supported the person to press the button to start the machine. The person was fully supported to be involved and in control.
- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. One person told us, "I like the staff, they are very caring."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. People and their family members told us they felt listened to and valued. A member of staff told us, "There is a lot of input from key worker meetings, [person's name's] are quite in-depth and he gives honest answers."
- Staff supported people to maintain links with those that are important to them. Family members were supported to visit people in the home. When there were restrictions on visits during the COVID-19 pandemic, alternative methods of contact were fully supported. Such as video calls, people wrote letters to their friends and family, telephone calls and newsletters. One person not in contact with family members was supported to have video calls with senior managers within the organisation. This meant they felt included and had someone to speak with outside of the service.
- One person had a weekly video call with their friend who lived in another service. He told us how important that contact was and what day and time he preferred. Staff were all aware of how important the call was to him and told us how they ensured he was supported to have that call every week.
- A Staff member told us how they had supported one person to maintain regular contact with their family member. Before the pandemic the person saw their family member twice a week. During the pandemic staff observed from the person's body language, and from knowing the person, that they were missing seeing their family member and so staff set up regular video calls to enable them to see each other. They saw a positive change in the person, and it made a difference to the person's quality of life.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. A family member told us, "I have brilliant communication with the home, and they are quick to contact me if there are any issues." Another family member told us, "The staff team send me photos of my loved one participating in activities and they are always smiling."

Is the service responsive?

Our findings

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

- Where people were had recently been discharged from hospital There was a clear action plan and regular reviews to try to prevent hospital readmission. Staff worked well with other services and professionals to prevent readmission or admission to hospital.
- The registered manager and staff team had worked effectively with community professionals to support an emergency admission into the service. They sourced the equipment and information they needed to be able to support the person effectively. This reduced the risk of placement breakdown and resulted in the person experiencing a positive admission into the home and resulted in positive outcomes for the person.
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom with access to their own toilet and shared bathrooms. People could personalise their room and keep their personal belongings safe. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information in appropriate formats. A staff member told us, "There are pictures like Makaton, or Objects of Reference so people can pick what they want to do or have."
- People were supported to be aware of the hot weather and the impact it may have on them. We observed staff being alert to the temperature and frequently checking people's comfort levels, offering drinks and cooling fans.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. They shared the learning with the whole team and the wider organisation. All the family members we spoke to said they had no concerns. One family member told us, "My loved one would tell me if they had any concerns. They are very happy."
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.

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.

- ☐ Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. A staff member told us, "I think what [registered manager's name] has done since she has been here has really turned it around."
- ☐ Staff knew and understood the provider's vision and values and how to apply them in the work of their team. A staff member told us, "We make sure the person is in the forefront of all the care they are receiving and that it is all about them."
- ☐ The provider was in the process of implementing an 'outcome measurement tool', the aim of which was to support people to build skills, access opportunities and achieve their wishes and aspirations. Care plans and risk assessments would be linked with goals and progress regularly reviewed. This would build on the work Orchard Lodge had already initiated in supporting skill development.
- ☐ Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. One staff member told us, "I could go to [registered manager's name] and say this has come up. She will take the time to sit with us and discuss it. There is an open-door policy."
- ☐ Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
- ☐ Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans and risk assessments to facilitate them in providing care to people the way they preferred. Where required, information was also reported externally.
- ☐ People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider held regular meetings for people to be able to feedback and affect change. One of the people living at Orchard Lodge chose to participate in this when they wanted to. During the pandemic they were supported to attend via video calling.
- ☐ All the family members we spoke to told us that they had a positive relationship with the registered manager. One family member told us, "The registered manager is always available when I wish to speak to them. They are quick to respond to e-mails."
- ☐ The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. People were provided with Easy Read versions of duty of candour letters.