

Cotswold Spa Retirement Hotels Limited

Dolphin View Care Home

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

This inspection took place on 19 and 28 September 2018. The first day of the inspection was unannounced. Dolphin View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dolphin View provides care for up to 35 people. There were 34 people living in the home at the time of the inspection, some of whom were living with dementia.

When we completed our previous inspection on 8 August 2017 we found concerns relating to Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good. At this inspection we found appropriate action had been taken and we have rated the service as good.

A registered manager was 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 2008 and associated Regulations about how the service is run.

At our last inspection we found concerns with the safe management of medicines. At this inspection, we found the necessary improvements had been made.

Safeguarding policies were in place and staff were aware of the procedures to follow if they had any concerns of a safeguarding nature. Safe staff recruitment procedures were followed which helped to protect people from the risk of harm.

There were mixed views about the numbers of staff on duty. Some staff and visiting professionals felt staffing could be low at times, but no one had any concerns about the quality of care provided. We found suitable numbers of staff were deployed during our inspection, but we made a recommendation to keep this under close review in light of comments we received.

Infection control procedures were followed. There was some malodour from a faulty sluice during the inspection, we were notified this had been fixed immediately following our inspection.

Risks to people and environmental risks were assessed. A record of accidents and incidents was kept.

The premises needed redecoration and we received numerous comments about this. We were provided with dates of planned redecoration of communal areas following our inspection. We made a recommendation that attention to dementia friendly design features should be taken into account during planned refurbishment.

People's needs and choices were assessed before they moved into the home.

Staff received regular training, supervision and appraisals. Competency assessments were carried out to ensure staff were competent to carry out specific tasks and nurses felt well supported to maintain their clinical skills.

People were well supported with eating and drinking, and prompt referrals were made where people had problems with swallowing or maintaining a healthy weight.

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

We observed numerous kind and caring interactions. Staff supported people to maintain their independence, privacy and dignity.

The needs of people were responded to and visiting professionals told us they received appropriate and timely referrals. End of life care was reported to be good and person-centred care plans were in place to ensure people were supported in the way they preferred.

A variety of activities were available including links with and involvement in community based activities.

A complaints procedure was in place and concerns raised by people or relatives were responded to promptly by the registered manager who was frequently described as approachable and helpful.

At our last inspection we found effective systems to monitor the quality and safety of the service were not in place. At this inspection we found improvements had been made.

People, staff visitors and visiting professionals were complimentary about the way the service was run and told us the registered manager was very committed to people who used the service.

Feedback mechanisms were in place to obtain the views of people and their relatives, and there were close links with the local community.

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

Improvements had been made and we found safe systems in place for the administration of medicines.

Safeguarding procedures were in place and staff were aware of what to do in the event of concerns.

Risks to people and the premises were assessed and plans were in place to mitigate these.

Is the service effective?

Good ●

The service was effective

Concerns were expressed about the "tired" premises and we received confirmation that planned redecoration was due to take place.

Staff received regular training supervision and appraisals to support them in their roles.

People were well supported with eating and drinking and had access to professional advice and support where there were concerns.

Care was provided within the principles of the Mental capacity Act (MCA).

Is the service caring?

Good ●

The service was caring

We observed people were treated kindly and with respect.

People were supported to maintain their dignity and independence.

Support was provided to help people to make choices about their daily lives.

Is the service responsive?

Good ●

The service was responsive

Person centred care plans were in place which meant people's individual needs and preferences were recorded.

A suitable complaints procedure was in place.

A range of activities were available.

Is the service well-led?

Good ●

The service was well led

Since our last inspection, improvements had been made to systems for the monitoring of the safety and quality of the service.

People, staff, visitors and visiting professionals were complimentary about the running of the service.

There were close links with the local community.

Dolphin View Care Home

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 19 and 28 September 2018. The first day of the inspection was unannounced. It was carried out by one adult social care 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service including statutory notifications. These are notifications of events and incidents the provider is legally obliged to inform us of. We also spoke with the local authority safeguarding and contracts teams. We used the information they provided when planning this inspection.

We spoke with seven people, four relatives, the registered manager, deputy manager, regional manager, four care staff, a cook, an activity coordinator, a GP, and a community nurse. We also received feedback via email from a care manager and a speech and language therapist (SALT). We checked three staff recruitment files, four care plans and a variety of records relating to the quality and safety of the service.

Is the service safe?

Our findings

People told us they felt safe at Dolphin View. One person said, "Oh yes I feel very safe. Very safe and very well looked after."

At our last inspection we found concerns related to the safe management of medicines. Suitable procedures were in place for the ordering, receipt, storage and administration of medicines. Improvements had been made since our last inspection and new systems were in place to improve the recording of topical medicines, such as cream and lotions.

We carried out a stock count of controlled drugs (CDs) and found the correct amount. CDs are medicines that are liable to misuse so are subject to more stringent storage and control measures.

Protocols were in place which described the circumstances under which people should be given medicines as required, such as pain relief or anxiety medicines. A small number of these lacked sufficient detail, for example, a description of how a person might show they were in pain, or anxious that was personal to them. We spoke with the registered manager about this who agreed to amend and update these.

There were systems in place for the safeguarding of vulnerable adults. Staff received regular training and were aware of the procedures to follow if they had concerns of a safeguarding nature. One staff member told us, "I have never seen any bad practice here. You see horror stories in the press but never here. We think people could be our own family so we treat them well."

A safeguarding log was maintained and the registered manager worked closely with members of the safeguarding team where necessary and was keen to ensure practice was consistently safe.

There were suitable numbers of staff on duty during the inspection. There were mixed views about the numbers of staff. Some staff told us they felt at times there were insufficient staff on duty which meant they could not spend as much time chatting to people as they would like. Other staff told us there were suitable numbers of staff on duty except during times of unexpected absence at short notice. All staff said, however that people were well cared for and their needs were met.

We observed suitable numbers of staff on both days of our inspection and care was delivered in a calm unhurried manner. There was no excessive ringing of call bells. The registered manager told us recruitment was in progress and staffing would improve once new staff were in post. People we spoke with told us there were enough staff on duty. One person said, "Are there enough staff? Yes, I think there are. There are enough to look after people." A care manager told us they felt staff could be busy at times but said they had no concerns about the quality of care provided.

We recommend due to mixed views about staffing that staffing levels remain under review.

We checked staff recruitment records and found suitable procedures were in place. Staff completed an

application form which included details of their previous employment and two references were obtained including from their most recent employer. Checks were carried out by the Disclosure and Barring Service (DBS). The DBS checks the suitability of applicants to work with vulnerable adults, helping employers make safer recruitment decisions.

Risks to people were assessed and action was taken to mitigate these. Risks assessed included those relating to physical health needs such as mobility, choking, skin integrity and falls. Records showed these risks were reviewed and care plans were updated regularly to mitigate them.

Risks relating to the premises and equipment were also carried out and there were regular safety checks of the building and equipment used by staff such as hoists and other aids used to move people safely. A fire safety risk assessment was in place and regular tests of alarms and equipment including emergency lighting and automatic door closures were in place. Tests to check the safety of facilities such as electricity and water were in place.

Systems and processes were in place for the prevention and control of infection. We observed staff using personal protective equipment correctly such as gloves and aprons, and the home was clean and tidy. There was malodour in one area of the home and the registered manager told us this was due to a broken sluice which was awaiting a part before it could be fixed. Staff received infection control training and an infection control "champion" attended local NHS link meetings and took updates and information back to the home to share with the rest of the staff team. We were informed following our inspection that this had been fixed and had resolved the odour issue.

We spoke with a GP during our inspection who told us they found the home to be clean and odour free when they visited. We found the ground floor treatment room to be cluttered and untidy on the first day of our inspection which meant surfaces could not be easily cleaned. This had been tidied on the second day of our inspection and the registered manager told us they would add this to their daily checks to ensure it remained tidy. They also reviewed storage.

A record of accidents and incidents was maintained and these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence.

Is the service effective?

Our findings

The premises were found to be clean during our inspection but not all areas were well maintained. We found a cupboard in the upstairs treatment room which was damaged beyond repair. We showed this to the regional manager who arranged for it to be replaced immediately. This had been fixed by the second day of the inspection. We spoke with staff and visitors who frequently mentioned the only thing they would change about the service was the "tired" décor. Although attempts were made by maintenance staff to make improvements where possible, a more in-depth programme of redecoration and refurbishment was planned by the provider.

Comments from staff and relatives about the décor included, "The only thing I would change is the décor. When I am showing people round I feel the need to make excuses. People tell us it is the care and the reputation of the home they are interested in but it would be nice to have a nicer environment" and, "The place needs an overhaul. It is tired."

We spoke with the regional manager about this who told us the home was on a list of planned improvements and they were aware of the issue and had acted upon it. The design and adaptation of the building did not always meet people's dementia related care needs. We found limited attention to dementia friendly design, including the use of contrasting colours to help people to see better in the environment and signage to help them to orientate themselves around the home. Not everyone in the home was living with dementia but people with cognitive impairment were living on each floor.

We recommend that dementia friendly design features are included during planned refurbishment.

Following our inspection, we were provided with the dates of planned redecoration of corridors upstairs and downstairs, and the dining room and lounge.

People's needs and choices were assessed. Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs. Assessment documentation included details of people's likes dislikes, and physical and psychological needs and preferences had been recorded before admission. This helped the provider to ensure they could meet people's care needs and put plans in place before people moved into the home.

We spoke with a person who had just moved into the home and they told us the move had gone well and they had felt well supported during this important transition. They said, "It was nice, I was made to feel welcome; everything was explained, everything was smashing. I can't complain."

Staff received regular training, supervision and appraisals to ensure they had the skills knowledge and experience to carry out their roles effectively. Staff records showed they had received training in topics considered mandatory by the provider including moving and handling, first aid and nutrition. The provider employed staff in the role of Care Home Assistant Practitioner (CHAP) and they were provided with additional training to equip them with further skills so they could support nursing staff with certain

delegated tasks. One CHAP told us, "The training is really in depth. We have a CHAP file and competencies to meet." They told us they felt well supported in their role.

Nurses were supported with meeting the requirements of the Nursing and Midwifery Council (NMC) through a process called revalidation. Nurses were aware of the process and regular checks were carried out by the registered manager to ensure nurses remained on the NMC register and were fit to practise.

People were supported with eating and drinking. The registered manager attended the dining area for most meals and supported people with eating and drinking, they saw this as an important part of their role, as it meant they could monitor the quality of the mealtime experience, the standard of meals and keep in touch with people and staff.

We spoke with care and kitchen staff who were aware of people's dietary needs. One person had been prescribed a pureed diet by the speech and language therapist (SALT) but had regained some of their swallowing ability and indicated to staff they no longer wished to have this diet. Staff referred the person back to SALT who confirmed they could have a more varied diet in terms of consistency. We observed the person eating a "fork mashable" meal of corned beef pie in keeping with their new care plan. They did not eat their potatoes so were offered a second helping of pie which they thoroughly enjoyed and they smiled broadly at staff supporting them to eat.

We spoke with a member of the SALT team who told us, "People's communication and eating and drinking needs are taken seriously. The staff are receptive to any training we offer and overall, I would say Dolphin View had a caring and client-centred approach to their residents' communication and swallowing needs."

People's weights were monitored and assessed using the Malnutrition Universal Screening Tool (MUST). This tool identifies people who are at risk of malnutrition. Care plans we checked showed people had been referred to a dietician or GP if they had lost weight. Kitchen staff were aware of how to fortify meals to add calories. Plate guards and coloured cups were available to support people to eat and drink independently. Coloured cups have been shown in studies to increase the amount of fluids consumed by people living with dementia due to being more highly visible to them.

The cook and people confirmed they had a choice of foods and alternative options were available. The cook told us, "People can have what they want really. If we don't have it we can sharp go to the shop and get it for them." One person told us, "I have my eggs and bacon and two Weetabix every morning!"

People had access to a range of health services and the staff worked closely with external organisations and health professionals. Records showed people had been seen by nurses, GP, podiatry and mental health professionals when required. A staff member told us, "We always escort people to hospital appointments, well it's a stressful time for them, isn't it?"

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Applications had been made to the local authority to deprive people of their liberty in line with legal requirements and CQC had been notified when these were authorised.

Decisions taken in people's best interests where people lacked capacity, were recorded and the people involved noted. A lot of people in the home had full capacity as their needs were primarily physical.

Is the service caring?

Our findings

People told us they felt well cared for at Dolphin View. People were complimentary about the care staff. Comments included, "I appreciate all the staff do for me. They are part of my life, they keep me going" and, "Staff are excellent. Nothing wrong with the staff they are absolutely first class. Whatever you ask them, they'll do for you." We asked another person what they liked about the staff and they said, "They are interested in you and they are kind." A care manager told us, "I have never had any concerns regarding the standard of care as I have always been treated professionally and care staff are very friendly, polite, caring and helpful."

We observed numerous examples of kind and compassionate care. Staff were attentive and cheerful and told us they enjoyed working at Dolphin View. People responded well to staff. One staff member passed a person and said, "Hello, how are you?" the person responded brightly, "All the better for seeing you!" We saw another person was upset and staff member went over and wrapped their arms around them which they appreciated and they sat with them until they settled.

One staff member said, "A lot of the staff go out of their way in their own time to go shopping for people." A member of bank staff told us, "They are one of the best teams I have ever worked with." We spoke with a community nurse who told us, "People are well cared for here. The staff are very open and lovely."

People were supported to maintain their independence. One person told us, "I don't want to lose my independence. They (staff) let me do what I can." We observed staff taking time to support people and explaining what they were doing. People's personal mail was delivered to them by staff and they could open this in private or were given help if they needed it.

The privacy and dignity of people was promoted and protected. Staff were observed offering care discreetly and knocking on people's bedroom doors before entering. Care records were stored securely to maintain confidentiality.

People were supported to express their views and make decisions about their care. They were involved in discussions about care planning where possible, and included in every day discussions about their care.

Is the service responsive?

Our findings

People told us their needs were responded to by staff. We spoke with one person who was very frail and nursed in bed. They had music playing and looked relaxed. We told them we were just checking they were comfortable and well cared for and they said, "Oh yes, very." Another person told us, "They come quite quickly. Sometimes they are busy but they always let you know when they will be there."

We spoke with a GP who told us staff responded well to people's changing needs. They said, "The staff don't quite have a sixth sense but they know people so well, they pick up small changes in mood and alertness and we usually find they are right and the person has an infection for example. They also told us staff cared well for people at the end of their lives."

The registered manager had previous experience of working with people receiving end of life care and was aware of the needs of people at this important time. Nurses were trained in specialist equipment used in end of life care to avoid any delays in people receiving the right care and treatment. The GP confirmed that medicines that may be needed for people's comfort were requested and prescribed in advance so were available should their condition deteriorate.

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were considered when planning care. Care plans were reviewed and updated on a regular basis.

A complaints procedure was in place. People and relatives told us they knew how to complain but were happy to speak informally to the registered manager and felt confident any concerns would be addressed.

A variety of activities were available. One person told us, "I play bingo and go to communion", another person was looking forward to the event that afternoon and told us, "I'm going to one of those coffee mornings, the one that was advertised on the television" (Macmillan).

We spoke with a member of staff who told us, "We try to facilitate friendships between people and relationships between people with similar interests. A new activity called "Cheesy Tuesday" had been introduced where people had crackers, cheese and wine. People told us they were enjoying this and meeting minutes showed people had given positive feedback about these evenings."

People in the home had also joined a group called "Northumberland Rocks" which is found on social media and involves painting and decorating rocks. Information on the internet states, "People paint rocks and then hide them around Northumberland for our group members to find."

Is the service well-led?

Our findings

There was a positive culture in the home. People, relatives and staff spoke highly of the registered manager and confirmed the culture in the home was open and inclusive. People told us, "The manager is very efficient. If we approach her she reacts very positively and quickly."

Other comments included, "The management here is very good. You can tell the boss I said that" and "(Name) runs the place very well. If you have any questions you can always put them to her for consideration and she always answers you." We mentioned the registered manager's name to one person who was in bed and they smiled broadly and said, "Ah, (Name) is lovely, really nice."

A care manager told us, "The manager will go out of her way to ensure I have everything I need at reviews, assessments as well as the senior carers. She is very committed to the residents and the home and will support in making the residents feel at home and adapting into the home as smooth as possible." Staff were also complimentary about the registered manager and the support they received, comments included, "(Name) is here every morning for handover and helps out every mealtime. We appreciate that she is not out of touch with residents. I would always go straight to her, she is very approachable" and, "The manager is great, you can go to her any time."

There were systems in place to monitor the Quality and safety of the service. Regular audits and checks were carried out by the registered manager who had strengthened these following our last inspection where we found not all the concerns we identified at that time had been picked up by the provider. Audits included health and safety and first impressions. Accidents and incidents were monitored to help identify patterns and trends and prevent reoccurrence.

The registered manager told us they felt well supported by the provider organisation and had access to a regional manager for advice and support both during and after office hours. A new deputy manager had been appointed since the last inspection who had extensive experience in working as a nurse in the NHS and told us they were settling in to their new role well.

Feedback mechanisms were in place to seek the views of people using the service, and their representatives. "Relative and resident" and staff meetings were held on a regular basis. These were advertised in advance and were well attended. Minutes from the previous meeting included a question about how Cheesy Tuesday was going and people had replied, "It's good. We look forward to it" and "We all like it."

The registered manager was knowledgeable of our regulations and had sent notifications to CQC in line with legal requirements.

The service had close links with the local community. Most staff were local and had worked in the home for a number of years. There was a low turnover of staff and they supported people to maintain links with and spend time in the local community.

A care home open day event had taken place and groups such as Mind Active, an activities group, and the local churches visited the home regularly.