

Dolphin Homes Limited

Abbey House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Abbey House provides a home for people living with Prader-Willi syndrome. Prader-Willi syndrome is a genetic condition which causes a range of physical symptoms and learning disabilities. The physical symptoms include an extremely increased appetite and reduced muscle strength.
- Abbey House is a residential home for up to eight people. This is larger than current best practice guidance. However the building design fitted into the residential area and the other large domestic homes of a similar size.
- There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.
- There were four people living at Abbey House at the time of the inspection.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- The service was new, it was the first service for people with Prader-Willi syndrome run by the provider, and by the registered manager.
- We found Abbey House was providing a good service for people and supporting them to achieve good outcomes.
- The service promoted people's independence and put them at the centre of the care and support they provided.
- People were supported to maintain a healthy weight with a balanced diet. The service understood how important good management of people's food and drink was and had good measures in place to support people.
- People had access to various activities to keep them physically active and explore their interests, such as horse riding, swimming and attending the gym.
- People told us they liked living in the home. People's families were positive about the service and felt it was meeting their loved one's needs.

Rating at last inspection:

- This was the first inspection of the service since it registered with the CQC on 24 January 2018.

Why we inspected:

- This inspection was scheduled to be completed within 12 months of the service registering with the CQC.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the

information we receive.

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.

Abbey House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- Abbey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- People living at the service lived with Prader-Willi syndrome with associated learning disabilities. The service had been designed to support people to live as normal a life as possible in the community.
- 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:

- We did not give notice of our inspection of the service.
- We visited the service on 17 January 2019 and spoke with staff on the phone on 25 January 2019.

What we did:

Before the inspection we looked at information we had about the service, including;

- Provider information return – key information about their service, what they do well, and improvements they plan to make.
- Notifications we received from the service – the law requires providers to notify us of certain events that

happen during the running of a service.

- The provider's website.

During the inspection:

- We spoke with two people who used the service, the registered manager, and three members of staff.
- We looked at two people's care records, activity plans and meal plans.
- We looked at staff records, including training records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits, quality assurance reports and other records, including policies and procedures.
- We reviewed the home's facilities and made observations in communal areas of the home of how staff supported people.
- We asked for feedback from the families of the four people living in the home, three families gave us feedback about their experience.
- We asked for feedback from local authorities who commissioned the service on behalf of people, one local authority fed back about the service.

After the inspection the provider sent us:

- Further information about a specific complaint.
- Staff rotas and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had good measures in place to protect people from the risk of neglect or abuse.
- Staff were trained in safeguarding and had a good understanding of people's risks and signs of potential abuse.
- Staff understood how people's individual needs and circumstances could lead to them being vulnerable.
- Staff felt confident to report any concerns, they knew how to report and to escalate issues if they needed to and felt any concerns would be taken seriously.

Assessing risk, safety monitoring and management

- People's individual risks were assessed by the service.
- The service created care and support plans with people to reduce risks wherever possible, while encouraging people to be as independent as possible.
- People were encouraged to understand their own risks and work with staff to stay safe.
- People living with Prader-Willi syndrome are at increased risk of overeating, choking and harm from consuming non-edible substances. The service took special precautions to reduce these risks, such as keeping the kitchen locked and checking people's shopping when they return to the house.
- One person in the home had increased risks due to behaviours which may challenge. One person's family expressed some concern for the safety of their loved one relating to living with this person due to their history.
- On our inspection we found staff had a good understanding of how best to support this person. There was a detailed positive behaviour support plan in place and the service had put robust measures in place to reduce risks, working with the person and their family.
- One person's social worker told us, "Overall, I feel that [person] is in a safe, appropriate, secure setting."
- Two people's families told us they felt their loved ones were safe at Abbey House.

Staffing and recruitment

- During our visit there were sufficient staff to keep people safe and support them.
- Staff told us they felt there were enough staff to support people to remain safe and to do activities they wanted to do.
- One person's relative told us that they had never heard of them cancelling activities due to lack of staffing.
- Staffing was provided based on people's assessed needs and funded support.
- The registered manager told us they had had problems retaining staff. They felt this was due to the service being specialised and the work is very different from other homes.
- The service used a values-based interview to assess whether staff had the needed qualities to work there.
- The service had recently recruited new staff to fill vacancies and used some agency staff where needed.

The service tried to use the same agency staff so that they got to know people well.

- Recruitment processes were robust. The service undertook necessary checks to ensure staff were suitable to work with people made vulnerable by their circumstances.

Using medicines safely

- People's medicines were stored, administered and disposed of safely.
- Medicines were managed according to best practice guidelines.
- People's ability to safely manage their own medicines was assessed and people were supported to be as independent as possible while ensuring they were safe.
- Stocks of medicines were managed to ensure they were available and securely monitored.
- People had detailed medicines care plans which identified how they took their medicines and what support they needed.
- People had protocols for any "as required (PRN)" medicines which identified when these should be given, how people communicated their need, maximum dosage and guidance for staff should the person need the medicines more frequently than usual.

Preventing and controlling infection

- Staff understood infection control procedures and followed these correctly.
- The home was very clean and tidy throughout.
- People were supported to clean their own rooms where possible, with support from staff to ensure everyone's rooms and clothes were clean.
- The kitchen was clean, required equipment and personal protective products, such as gloves and aprons, were available.
- People's individual risks relating to infection control, such as with personal care, were assessed and people had individualised care plans to reduce these risks.
- Substances which could be hazardous to health were kept securely and monitored to prevent people having access to these without staff supervision.

Learning lessons when things go wrong

- The service had an open approach to reporting incidents and treated them as learning opportunities.
- Incidents and adverse events were reported and investigated appropriately.
- Staff understood their responsibility to report any incidents and felt confident to do so.
- Staff told us that they felt confident to report any issues and that they got good support and advice from the registered manager and senior staff to look at the reasons and to review people's support plans in response.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and preferences were assessed.
- People were involved in planning their care and support wherever possible so that their choices were respected.
- One person's relative told us, "Since moving to the service [loved one] is a different person, [they] have renewed self-confidence." They told us, "It's so refreshing to have a dedicated Prader-Willi service as good as they are. Particularly as it's so new. They seem to have nailed it from the beginning."
- There is no national best practice guidance for management of Prader-Willi syndrome, however the service had developed links with the Prader-Willi Syndrome Association to develop their knowledge and practice.
- The service had identified key outcomes to monitor to ensure the service was supporting people to maintain their physical and mental health.
- People's healthy weight range was identified and their weight was monitored weekly due to people's increased risk of rapid weight gain.
- People were all within a healthy weight range for them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to follow a calorie controlled diet to maintain a healthy weight.
- People's food preferences were taken into account when planning meals, and people were encouraged to input into the meal planning process.
- Meals were planned over a four week period with choices built into the menu, staff were aware that people could be offered limited choices following the meal planning process to prevent conflict between people over food.
- Staff were fully aware of people's risks and the needs associated with Prader-Willi syndrome relating to food and eating.
- The service had employed a dietician to help ensure people's diets were varied and nutritionally balanced.
- One person told us they wanted to lose some weight after staying with family for the holidays, the staff had supported them to make some healthy swaps to lose the weight they wanted to.
- Where appropriate, people were encouraged to download a mobile phone application (app) which helped them identify the calorie and nutritional content of foods, so that they had more control to make healthy choices.
- Where activities involved eating out, staff encouraged people to choose healthier places to eat where they could check the menu before going. People chose what they wanted to eat from the menu before they went so that they were more likely to make a healthy choice.

- People's mental capacity to make decisions about their diet was assessed and where people had capacity to make some choices, staff supported them to look at the nutrient values of food and to have some general rules to reduce overeating.
- One person's relative told us, "We have been particularly pleased, as has our [loved one], with the food provided - a major hurdle in [Prader-Willi syndrome] care - and our [loved one] has actually lost a little weight since being at Abbey House."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live an active and healthy life.
- People living with Prader-Willi syndrome have low muscle strength and a reduced tolerance for exercise. Staff understood this and encouraged people to take part in physical activities, such as trampolining, swimming, horse riding and regular walks.
- One person told us they were supported to attend the local gym on a regular basis to exercise.
- One person's relative told us, "Her weight is monitored and she has a very active life."
- People had regular access to healthcare service such as the GP, dentist and optician.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other providers, such as the GP and mental health and learning disabilities services, to ensure people had access to the care they needed.
- Where appropriate, the service worked with mental health colleagues to create positive behaviour support plans for people.
- The service had invited a local police officer to visit to make them aware of the service and the people who lived there due to the increased risk of people becoming involved in theft. The registered manager told us they had really good support from police who have created a profile of each person so that they could be supported should they become involved in crime.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable.
- The registered manager told us that no staff had experience working with Prader-Willi syndrome before, so this had been a learning curve for all the staff.
- Staff had a 10 day induction to the organisation and an induction to the service which included a period of shadowing other staff, working with people and reading people's care and support plans to get to know them.
- Staff had training in Prader-Willi syndrome, supporting behaviours which may challenge, mental capacity and autism, as well as statutory training required, such as fire safety.
- Staff were encouraged to develop their skills and knowledge by attending conferences relating to Prader-Willi syndrome.

Adapting service, design, decoration to meet people's needs

- The premises were suitable to meet people's needs.
- The service had enough room to give people privacy and their own space.
- People had a choice of décor for their rooms and had personal belongings to make their room their own.
- Six of the rooms had an en-suite bathroom, giving people privacy, and two shared a bathroom.
- One room was much larger. The service had used this as an activities room. They had recently completed a freestanding activities room in the garden.
- The registered manager was considering turning the large bedroom into a studio style flat to support someone to live more independently while maintaining the support of the residential setting.

- There was a large garden space, two people kept animals in the garden with support of staff.

Ensuring consent to care and treatment in line with law and guidance

- Staff had a good understanding of mental capacity.
- 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.
- We found that the service was working within the principles of the MCA.
- Any restrictions on people's liberty had been authorised.
- Staff understood the effects Prader-Willi had on people's mental capacity and understood people's capacity varied.
- Peoples support plans established their mental capacity to make decisions and advised to assess capacity for each decision if this was appropriate.
- Where people lacked capacity to make a particular decision, there was evidence of best interests decisions being made, including people, staff, experts and loved ones where appropriate.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with kindness, compassion and respect.
- Staff spoke with people as equals.
- One person told us, "Staff are nice. They support me well."
- People's individual needs were explored in an equality and diversity care plan, for example people's religious needs and preferences.
- Equality and diversity care plans also considered barriers people might face due to their condition or their support needs, for example; the loss of control of their life; being seen as a person with a condition, rather than an individual or being seen as vulnerable rather than equal.
- Care plans identified clear ways staff could promote equality and protect people's human rights, such as providing information in an accessible way; to challenge discrimination in the community; to treat people with respect and dignity; to place people at the centre of the support provided to them and support them to maintain important relationships.

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express their views and be involved in making decisions about their care.
- People had choice and control to plan their routines, activities and food preferences.
- People had 'key workers' – an allocated member of staff to work more closely with them to plan their care, set goals and who get to know them well.
- People went out for the day every three months with their key worker to look at their progress against their goals and plan the next three months.
- People's care plans were written in a way they could understand and staff ensured people had information in a format which was meaningful for them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people and treated them with dignity.
- People's independence was promoted in all aspects of their life. Staff recognised people's abilities and encouraged them.
- People were able to complete their daily records about what they had done, how they felt and any other important information. Staff supported them to do this so that people had ownership and control of their care.
- One person's relative told us, "Our [loved one] has been a lot more independent since being at Abbey House, through the ongoing support of the management and staff. This independence means a lot to [loved

one], allowing them to travel alone on the bus to swimming each week and short shopping trips when required."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was personalised to meet people's needs.
- One person's relative told us, "I particularly like the 'person-centred' approach to care. [Loved one] has their own timetable and is reassured each day what activities are going on."
- People were supported to explore activities and hobbies which interested them and were encouraged to try new things.
- One person's relative told us, "Abbey House has an appointed activities co-ordinator and he is very good at arranging places to visit, hobbies to take up, etc. We have been amazed at the number of opportunities that have been made available to [people], should they wish to partake."
- Two people at the home were particular animal lovers. One person had a rabbit when they moved in and had a goal to work towards getting another, which they did recently. Another person wanted to get a guinea pig and was supported to work towards getting one as a pet.
- A number of people in the home volunteered at a local farm and riding school, and some rode horses on a regular basis.
- One person we spoke with told us they really enjoyed working at the stable and riding the horses.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which identified how people could make a complaint. The service regularly sought feedback from people and relatives.
- There was one resolved complaint by a person about a member of staff. The registered manager had held a meeting with the person and the member of staff to resolve the problem. The person was asked if they felt the response was enough and they had signed to say it was resolved to their satisfaction.
- One person's relative told us, "I am pleased with the service offered and the support given to both us and [loved one]."
- Another person's relative told us, "[Loved one] has built up a rapport with the permanent staff and lets them know if they have any problems, which then get resolved."
- Following the inspection we were contacted by the family of a person who had moved out of the service recently. They expressed their concerns about the quality of care and had an ongoing complaint with the service. The service had followed their complaints process, though this had not yet been resolved satisfactorily.

End of life care and support

- The service did not provide end of life care.
- The service had started conversations with people and relatives relating to their wishes around end of life care.

- The service had a template to complete to gain people's views about care at the end of their life and their preferences after death, in line with best practice.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear set of values for the service of person-centred care and promoting independence.
- One person's social worker told us, "I would commend [the registered manager], as caring and knowledgeable from my observations and conversations."
- The registered manager, and people's families, reflected that starting a specialist service for people with Prader-Willi syndrome had been a steep learning curve.
- People's families were positive about the registered manager, with one person's family describing them as "really, really good".
- Another person's family told us, "The manager is excellent - always a smile and willing to listen."
- When talking about the development of the new service, one person's relative told us, "They have done their homework, contacting the Prader-Willi Syndrome Association and other care providers, taking on board all the advice given."
- Staff reflected the service's values and were passionate about their jobs. One member of staff told us the best thing about their job was "to be able to help [people] to go out and do things they might not be able to do on their own and promote their independence."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood and met their legal responsibilities.
- Staff were clear of their role and responsibilities and understood the standards expected of them.
- The service had good systems in place to check the quality and safety of the service and to address any issues identified.
- Staff had regular supervision and support from the registered manager to feedback on their performance and look at their personal development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sent feedback questionnaires to people and families every six months. They had an easy to read version available to make the feedback form accessible to all.
- People, families and other agencies were involved in developing people's support plans and developing the service.

Continuous learning and improving care

- The registered manager was very keen to continuously improve and develop the service.
- The service had a plan of improvements, including improving the use of the garden to enable people to grow more fruit and vegetables.
- The service learnt from feedback and from incidents, taking steps to improve the service and to reduce the chances of incidents occurring again.

Working in partnership with others

- The service worked closely with their commissioners at the local authority to ensure the service met quality standards.
- The registered manager had worked with the Prader-Willi Syndrome Association when scoping the location of the service, and attended conferences to develop their knowledge.