

Lancashire County Council

Dolphinlee House Home for Older People

Inspection report

Patterdale Road
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Lancaster
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Date of inspection visit: 12, 13 and 28 January 2016
Date of publication: 07/04/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on the 12, 13 and 28 January 2016. The first day was unannounced. We last inspected Dolphinlee House Home for Older People in June 2014. We identified no breaches in the regulations we looked at.

Dolphinlee House is situated in a residential area of Lancaster called Ridge Estate. The service accommodates up to forty-four people with residential care needs.

Accommodation is provided over two floors, with a lift providing access to the first floor. There are a range of

Summary of findings

communal rooms, comprising of a lounges, dining rooms and kitchen areas. There are garden areas with seating for people to use during the summer months. Car parking is available at the home.

The home has a manager who is registered with the Care Quality Commission. 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.

People told us they were happy with the care and support they received at Dolphinlee House Home for older people. People told us they considered staff knew them well and told us staff were caring. One person said, "Staff are very nice and kind."

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document the measures required to reduce risk. Staff were knowledgeable of the measures in place.

We found medicines were not always managed safely. We found one person had not received their prescribed medicines and medicine administration records were not always accurate. This was a breach of Regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.) You can see the action we told the provider to make in the full version of the report.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home. There were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods and people were supported to eat and drink sufficient to meet their needs. People told us they liked the food at Dolphinlee House Home for Older People.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. We spoke with one visiting health professional who voiced no concerns with the care provided at the home.

We saw staff treated people with respect and kindness and people told us they were involved in their care planning.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw people were supported to carry out activities that were meaningful to them.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The registered manager and the regional director monitored the quality of service by carrying out quality assurance checks. We saw an action plan was developed to monitor progress made.

People who lived at the home were offered the opportunity to participate in an annual survey and meetings were held to capture their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People could not be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner. Staff were appropriately skilled to promote people's safety.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Requires improvement



Is the service effective?

The service was effective.

Peoples' needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed. Staff were aware of the complaints procedures in place.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

Good



Dolphinlee House Home for Older People

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 was carried out on the 12, 13 and 28 January 2016. The first day was unannounced.

The first day of the inspection was carried out by one adult social care inspector and a specialist advisor. The specialist advisor who took part in this inspection had experience of supporting people who lived with dementia. The second day of the inspection was carried out by two adult social care inspectors. On the third day of the inspection, one adult social care inspector visited the home to look at documentation we wished to review.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection we spoke with eleven people who lived at Dolphinlee House Home for Older People and two relatives. We spoke with the registered manager and the regional director. We also spoke with the cook, the catering manager, nine care staff, two care managers and one external health professional.

We looked at all areas of the home, for example we viewed the lounges, and dining areas, bedrooms and the kitchens. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included five care records of people who lived at the home and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, training and recruitment records, minutes of meetings and quality assurance surveys.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We were told, “Staff look after me. I’m safe here.” And, “I feel safe, most definitely.”

We viewed five care records of people who lived at the home to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples’ needs and care documentation contained instruction for staff to ensure risks were minimised. For example we saw one person was identified at being at risk of falls. We saw documentation contained information to guide staff on risk control measures in place. Documentation showed the person required specific equipment to maintain their safety and we saw the equipment was in use during the inspection.

During the inspection we saw staff responded to naturally occurring risk. We observed one staff member supporting a person to mobilise. Prior to support being given we observed the staff member checking the equipment to be used and the person’s footwear. This helped minimise the risk of accident or injury.

We asked the registered manager and the regional director how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the homes reporting system. This information was then collated and analysed for trends by the registered manager and passed to the regional director for further scrutiny. The registered manager told us this system was being further developed. We were informed a member of care staff had been identified as a ‘falls champion.’ As part of this role the falls champion would be expected to review all falls that occurred within the home. They would present a monthly report to the registered manager. This would be formally reviewed at a team meeting and actions taken or required would be discussed. The registered manager told us initial meetings to implement the roles had taken place. We looked at minutes of meetings which evidenced this. This demonstrated there was a system in place to monitor and manage risk.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse. They were able to describe the types of abuse that may occur. Staff were also able to explain the signs and

symptoms of abuse and how they would report these. Staff told us they would immediately report any concerns they had to the registered manager, the registered provider or to the local safeguarding authorities if this was required. One staff member told us, “Reporting is part of our job. I would report straight away.” A further member of staff said, “I would have no hesitation in reporting to [the registered manager].”

We asked the registered manager how they ensured sufficient numbers of staff were available to meet peoples’ needs. They told us the registered manager employed people in different roles to ensure care staff were able to provide care to people in a timely way. We were informed the registered manager employed housekeepers, laundry persons, cooks and a maintenance person was available for repairs. They explained this helped ensure there were sufficient staff available to support people. The registered manager and the regional director further explained there was an assessment tool in place. This enabled the registered manager to assess the number of staff required based on people’s level of dependency. We saw evidence to demonstrate this.

The registered manager told us they also used agency staff in the event of a shortfall in staffing. In addition, they told us they retained a number of bank staff and staff were also given the opportunity to work overtime if they wished to do so. The registered manager explained they had a “flexible budget.” This enabled them to source additional staff if the need arose, for example if people required additional support or in the event of staff unplanned leave. This was confirmed by speaking with staff. During the inspection we saw an extra staff member was provided during the night shift to enable people to receive care that met their needs. This demonstrated there was a system in place to ensure sufficient staff were available.

We viewed two weeks rotas and saw staffing levels were consistent with the registered manager’s explanation. We also observed people being supported in a prompt way. We timed two call bells during busy times at the home and saw these were answered in less than two minutes. The regional director told us a new system had been introduced which would allow audits of call bells to take place. The regional director explained they intended to monitor the time of response to call bells as this was a further way of monitoring if staffing levels were sufficient.

Is the service safe?

People we spoke with were happy regarding the staffing provision at the home. All the people we spoke with told us staff supported them promptly. Comments we received included, "There's plenty of staff around." And, "I don't have to wait. I have a call bell and ring that." Also, "Staff come straight away." Relatives we spoke with expressed no concerns with the staffing levels at the home.

We reviewed documentation which showed safe recruitment checks were carried out before a person started to work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed at the service. We reviewed the files of two staff who had recently been employed and saw the required checks were completed. We noted appropriate references were obtained and confirmation of suitability to work was provided to the registered manager by the provider's human resource department. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We saw care staff administered medicines to people individually. This minimised the risk of incorrect medicines being given. Staff were knowledgeable of the processes in place for the ordering and receipt of medicines and we saw medicines were stored securely. This helped ensure medicines were not accessible to unauthorised people.

We looked at the medicines and administration records (MARS) on three units. On one of the units we identified incomplete MAR records. On one person's MAR we saw a medicine was not signed as being administered on two

days. On a further person's MAR we found a cream was not recorded as being administered. On a third person's MAR we saw gaps which indicated the medicine had not been given. We discussed this with a member of staff who told us the medicine had been refused by the person but not documented.

We also found medicines had not been administered as prescribed. We counted a medicine and compared this with the MAR record. We found discrepancies which indicated the medicine had not been administered. There was no record on the MAR to show why the medicine had not been administered.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as medicines were not managed safely. We discussed our concerns with the regional director and the registered manager. They responded swiftly to our concerns. They informed us they would carry out an investigation to minimise the risk of reoccurrence.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised. We saw a legionella risk assessment was in place to minimise the risk of legionella developing within the home.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

Is the service effective?

Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs.

Comments we received from people who lived at Dolphinlee House Home for Older People included, "My care is excellent." And, "They look after me well."

We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and district nurses if there was a need to do so. We also saw staff responded to people's changing health needs effectively. For example during the inspection we observed a member of staff arranging a doctor's visit for a person that lived at the home. We also saw a further staff member arrange for a medical test to take place. The staff member explained this was to ensure the person was well and required no medical intervention. We spoke with one health professional who told us the home made referrals to them promptly. This demonstrated people were supported to access other health professionals if the need arose.

Care files evidenced people's nutritional needs were monitored. We saw nutritional assessments were carried out and people were weighed in accordance with their assessed needs. We found monitoring of people's food intake took place if this was required. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People we spoke with told us the menu was flexible and food was prepared on request. Comments we received included, "The food is lovely." And, "The food is good."

We observed the lunch time meal being served and saw staff were responsive to non-verbal communication. We observed one person accepted a meal but did not use the spoon staff had given them. We saw the person picked up their spoon and looked at it with a puzzled expression. They made no attempt to eat their meal. The staff member observed this and offered the person a fork, which they

accepted. The staff member discreetly monitored the person and when they saw they were having difficulty with the fork, they offered them a spoon. The person accepted this and ate their meal. The intervention from the staff member enabled the person to maintain their independence and eat sufficient to meet their needs.

Specific equipment was available to enable people to support themselves. We observed plates with raised edges were provided. These assist people who may have dexterity limitations. We saw people were offered drinks in suitable receptacles, for example cups with two handles and lidded beakers. This enabled people to remain independent and protected their dignity.

We also saw if people required assistance to eat, this was provided. We saw one staff member sat with a person and supported them to eat with patience and kindness. The staff member concentrated on the person and asked them what they wanted to eat from their plate. We noted the person ate their meal and the staff member engaged with them throughout the meal. We observed staff asked people if they wanted second helpings and these were provided as requested.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed 16 applications had been made to the supervisory bodies. Supervisory bodies have powers and responsibilities in law for facilitating and authorising DoLS applications and assessments in care homes. In this case

Is the service effective?

the supervisory body was the local authority. The registered manager told us they were currently awaiting feedback on the applications made. The registered manager told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said any concerns would be reported to the registered manager or the registered provider. Staff told us they had received training in this area and were knowledgeable of the processes in place to ensure peoples' rights were upheld.

During the inspection we saw people's consent was sought before support was provided. We observed people being asked if they required support with personal care, mobility or if they wanted to spend time in other areas of the home. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision. Supervision is a meeting between a staff member and their line manager where training and staff performance is discussed. We viewed three supervision records which evidenced supervisions took place and training needs were discussed. All the staff we spoke with told us they felt well supported by the management team.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, “Staff are very nice and kind.” Also, “Staff are lovely.” And, “Staff are very nice, not cheeky at all.” A relative we spoke with told us, “It’s a lovely place, supported by caring people.”

We saw staff were caring. We observed staff offering praise and reassurance when supporting people. For example we saw one person being supported to mobilise. We saw the staff member offered encouragement and told the person how well they were doing. We saw this was well received by the person. They responded by smiling and saying, “It’s a team effort.” There was a pleasant atmosphere within the home and we saw people spoke with staff openly. Staff responded respectfully and there was a positive rapport between staff and people who lived at Dolphinlee House Home for Older People. Staff appeared relaxed and confident and we saw they were patient when supporting people.

Staff told us they liked spending time with people. One staff member told us, “That’s how you learn about people and they have life experiences to share.” We observed staff spent time with people engaging with them. We observed one staff member sitting with people, looking at the television listings. They explained what was on the television and people chose what they wanted to watch. We saw one staff member supporting a person to make their bed. This was done with laughter and positive comments, in a relaxed and unhurried manner. Staff also encouraged people to visit communal areas. Staff asked people if they would like to spend time in lounges or have lunch in the dining room. When people declined and chose to spend time in their private rooms, their wishes were respected. This meant people were treated with dignity and were given the opportunity to make choices.

Staff spoke affectionately about people who lived at the home. One staff member told us, “We respect people here.” A further staff member said, “Everyone’s an individual and we treat people as individuals.” Staff also showed an awareness of what was important to people who lived at the home. One staff member described the importance of one person’s chosen name.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. During the inspection we saw visitors were welcomed to the home and spent time with people in communal areas and in their family member’s bedrooms. This helped ensure relationships that were important to people were maintained.

Within the care documentation we viewed we saw evidence that people who lived at the home and those who were important to them were consulted as appropriate. We saw if decisions surrounding a person’s care needs were required to be made, contact was made and agreements documented.

We discussed the provision of advocacy services with the registered provider and registered manager. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at peoples’ request.

During the inspection we saw staff took care to respect peoples’ privacy and uphold their dignity. For example we saw bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on peoples’ doors prior to entering their rooms and staff ensured peoples’ confidential records were not left unsecured. We also observed a handover taking place. We noted this took place in a quiet area away from people who lived at the home. This helped ensure peoples’ personal details remained private and peoples’ dignity was protected.

Is the service responsive?

Our findings

People told us they felt the care provided met their individual needs. One person said, “My care is excellent.” And, “Staff are good at looking after you.” Also, “They look after me well.” The relative we spoke with told us, “Nothing is too much trouble. The care is excellent.”

People told us they were consulted regarding their care needs. One person said, “Staff talked to me about what I needed.” A further person described how they had been consulted regarding their personal equipment.

Documentation we viewed also evidenced people and those who were important to them were involved in their care whenever possible. We saw people’s social histories and hobbies and interests were documented. Staff told us they spoke with people and their families to gain this information. This helped ensure important information was recorded to ensure peoples’ backgrounds and wishes were communicated.

During the inspection we saw staff responded promptly to peoples’ needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful. We observed the interventions were accepted and welcomed by the people who lived at Dolphinlee House Home for Older People.

During the inspection we did not observe any organised group activities take place. The registered manager told us there was an ‘activities champion’ in place. They explained this was an additional role and the champion would be responsible for arranging an activities programme. During the inspection we saw evidence this had started. We saw a four week activities programme was in place. Staff told us a

range of activities were in place and this included individual activities that were meaningful to people. Staff explained they carried out pamper afternoons, manicures, and group activities such as arts and crafts, singing and board games. Staff also told us people enjoyed listening to the external musician who came to the home.

People told us they enjoyed the activities provided. We were told, “I enjoy the board games.” And “I enjoy the singer.” Also, “I like the pamper days.” We saw staff encouraged people to participate in activities that were meaningful to them. We saw people were supported to make their own drinks and we observed one person being supported to do their hair. We observed the staff member spoke with the person about their preferred style and helped them. The activity was relaxed and unhurried and we saw the person got great enjoyment from this. They were laughing and smiling throughout the activity and commented to staff. “That’s lovely. I feel presentable now.”

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. Leaflets of this were available in the reception of the home. Staff told us if people were unhappy with any aspect of the home they would record this on the person’s behalf if they agreed to this. They would then pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at the home. We saw a complaint had been responded to within the defined timeframe. People told us if they had any complaints they could complain to the registered manager. One person told us, “They explained complaints to me.”

Is the service well-led?

Our findings

Staff told us they considered the teamwork at Dolphinlee House Home for Older People to be good. Comments we received included, “Morale is good. We get a lot of support.” And, “Brilliant teamwork. We all work together.” Also, “We all get a lot of support from management.”

We discussed the management of the home with the registered manager and regional director. They told us each unit had a care manager in place to help ensure the smooth running of the service. We asked how the registered manager maintained an overview of each unit and identified if improvements were required. We were told audits were completed to identify if improvements were required. We saw evidence of audits in infection control, accidents and medicines management. We also saw the regional director carried out monthly visits in order to carry out a quality check on the home. This included obtaining people’s views, speaking with staff and carrying out observations.

The regional director told us they had also developed an audit tool that linked to the ‘Key Lines of Enquiry’ (KLOE) as used by the Care Quality Commission to carry out inspections. This was a tool to ensure the service was meeting the regulations inspected by the Care Quality Commission. They told us the audit tool helped identify if improvements were required and action planning could then take place. We viewed a sample of the audit tool and saw areas of improvement had been identified. The regional director told us an action plan had been developed to ensure these were addressed.

The regional director also told us they had introduced monthly team meetings as a way to implement, monitor and manage change. They told us the registered manager and care managers of each unit met with them to review the annual rolling action plan in place. We viewed the action plan and saw this covered areas such as training,

activities, complaints, and care records management. We saw the action plan was updated and if actions had been completed this was recorded. For example we saw the plan recorded all staff appraisals had been scheduled. This demonstrated the management team had a system in place to monitor agreed actions and progress made.

Staff told us team meetings took place and the management team at the home were approachable. One staff member told us, “You can say what you think.” We saw evidence demonstrated staff meetings took place and covered areas such as the results of completed audits.

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they offered surveys to relatives and people who lived at the home and we saw evidence of this. Within the homes reception we saw the results of a completed survey were displayed. We saw if an area of improvement had been identified, a response was formulated. For example we saw it had been noted some people were unsure of the complaints procedure. We saw the service had responded by placing leaflets in the reception of the home. This would enable people to access important information as they wished.

During the inspection we noted staff were well organised and efficient. We observed a staff handover and saw the needs and wishes of people were discussed as part of this. In addition we saw peoples’ health needs were discussed. We saw staff communicated with each other so they were aware of the needs and wishes of the people who lived at the home.

During the inspection we saw the registered manager knew people who lived at the home. We observed them addressing people by their chosen name. We saw people responded positively to this. This demonstrated the registered manager played an active role in the running of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)</p> <p>People who use services and others were not protected against the risks associated with unsafe management of medicines.</p> <p>Regulation 12 (1), (2), (g).</p>