

Dolphin Homes Limited

Park View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 9 May 2016 and found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After this inspection we made requirements with respect to the breaches in Regulations 12 and 17. Following the inspection the provider sent us an action plan stating they would be compliant by September 2016.

We undertook this unannounced comprehensive inspection on the 28 June 2017 to check the registered provider had met all the legal requirements. We found they had taken steps to address all of the breaches in the Regulations which we had identified in our previous inspection.

Park View is a care home that does not provide nursing. It provides support for up to 10 people, with learning disabilities and behaviour which challenges. Crescent Road where the home is situated is a quiet residential road near the sea front. On the day of the inspection there were six people living at the home and a seventh moved in during the inspection.

There was a registered manager 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.

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

People were not always safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. However fire safety equipment had been highlighted for several months as an issue and had not been repaired.

At our last inspection we found a failure to ensure that equipment used by the provider was safe to use; failure to control the risks associated with prevention of the spread of infection by not keeping clean and monitoring PEG areas, suction machines and masks and spacers for inhalers. At this inspection we found that records contained information associated with the safe use of equipment to help support people with their care, food and nutrition.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs.

At our last inspection we found that people's medicines were not managed safely. At this inspection we found changes had been made and staff had undertaken medicines training to ensure their understanding. People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

We saw that people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner.

The service was effective. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them extremely well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. People were encouraged to participate in employment and leisure activities. People were encouraged to make their views known and the service responded by making changes. Transitions for people moving from the service were well planned. Staff had worked to ensure people had access to healthcare services.

At the last inspection we found that systems were not effective in monitoring the care provided at the service. At this inspection we found that although the quality audits by the provider had not been carried out as regularly as the provider would have liked there had been an improvement as the manager had carried out their regular monitoring. However this monitoring had not highlighted the issues with fire safety equipment.

People benefitted from a service that was well led. The registered manager had an open, honest and transparent management style. The manager and provider had systems in place to check on the quality of service people received however they had not ensured shortfalls identified in fire safety were acted upon.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People appeared to be safe from harm because staff were aware of their responsibilities and able to report any concerns. However fire safety equipment had not been repaired to ensure people's safety.

Whilst systems had been put in place to keep people, visitors and staff safe, they were not always effective.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Is the service effective?

Good 

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good 

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in

people's lives.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received person centred care and support.

People, were encouraged to make their views known.

Staff had worked to ensure people had access to healthcare services.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had systems in place to check on the quality of service people received and however they had not ensured shortfalls identified in fire safety were acted upon.

The registered manager had an open, honest and transparent management style with people who used the service and staff.

Park View

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 28 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law). This Information helped us to identify and address potential areas of concern. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people living at the home. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home.

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

Is the service safe?

Our findings

People felt safe at the home, they said staff gave them any help they needed. People were protected from avoidable harm. Staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. Staff confirmed the action they would take if they suspected potential abuse was taking place.

At our inspection in May 2016 we found the registered manager had not managed medicines in a safe manner. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by September 2016. At this inspection we found the registered manager had made improvements in this area and had met the requirements of the Regulation.

The provider had a medicines policy which gave clear guidance to staff about the storage and the administration of medicines including those managed as controlled drugs. There were guidelines in place for people who needed medicines as required (PRN). PRN medicines are those used as and when needed for specific situations. We saw PRN medicines had been administered and signed for as prescribed. Medicines were stored appropriately in locked trolleys and cupboards in the treatment room.

Medicines were administered from blister packs and original packages. Appropriate records were in place when medicines were disposed and returned to the pharmacy. Staff followed procedures to make sure people's medicines were stored and handled safely.

At our inspection in May 2016 we found the registered manager had not ensured that equipment used by the provider was safe to use. This was because the registered manager failed to control the risks associated with prevention of the spread of infection by not keeping clean and monitoring PEG (Percutaneous Endoscopic Gastrostomy) areas, suction machines and masks and spacers for inhalers. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A safeguarding investigation had also taken place against the service about the inappropriate use of PEG's and the amount of food people received. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by September 2016. At this inspection we found the service had made improvements in this area and had met the requirements of the Regulation.

Care plan records showed that staff were maintaining the care of the PEG areas and other equipment that was used to support people's well-being. Staff had received training in these areas to help their understanding.

People's needs were considered in the event of a fire. People had personal emergency evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe

and fit for purpose. The registered manager had followed this up after the inspection; however information had not been shared to confirm that this concern had been rectified. Records indicated that fire safety latches had not been working appropriately for several months. This meant people could be at risk of harm because fire safety doors would not close in the event of a fire.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where needed, there were risk assessments in place for people with individually identified risks, such as, action plans on how to manage these risks were in place. Staff knew what the risks were to people, such as road safety and use of the home's vehicles.

There were sufficient staff numbers to meet people's needs safely. People told us they felt there was enough staff on duty to keep them safe. One person told us that, "There is always someone here". The registered manager told us the provider 'set' the staffing to three staff for seven people using the service. This would be reviewed as people were admitted to the home. The rotas showed there was a minimum of three staff during the day and two at night. We saw that on some days there were four, five or six members of staff. This enabled people to have one to one time. This was important over the summer as college had already finished and people were planning their activities for the summer break. Staff confirmed there were enough staff to meet people's needs and the current staffing arrangements worked well.

We looked at three staff recruitment records. We saw records of pre-employment checks were completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff's previous employers and with the Disclosure and Barring Service (DBS). These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services.

There were accident and incident records where any accidents, incidents or near misses were recorded. The registered manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents or incidents recorded were appropriately dealt with by staff and medical assistance had been sought if required. The provider also received a copy of any reports and was able to monitor the incidents at the home.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well. People told us they felt confident that staff supported them in the right way.

Staff told us they had received training and an induction that was appropriate to the people they cared for, such as NVQ's (National Vocational Qualifications) in health and social care and the Care Certificate had been introduced for staff. Records confirmed this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager gave us a copy of the training matrix, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required. There was an eLearning system in place and being used by staff. Staff completed training online then had their work marked. The manager told us how staff were required to achieve a certain percentage in order to pass and that the provider expected staff to maintain their training to a 70% completion rate. The information showed that all staff had undertaken the required training. The data showed that some staff needed to renew their training in some areas, of the 19 staff employed at the home 12 had managed to obtain 70% and above completion rate. The registered manager told us this was an improvement and they were on target for all staff to have updated their training.

Staff said they felt well supported by their colleagues and management. The registered manager showed us formal supervisions had taken place in the 12 months since there had been a change of registered manager. Team meetings were held to provide staff with the opportunity to discuss practice, highlight areas where support was needed and to share ideas on how the service could improve. However we did see that the registered manager had not completed the probation meetings required under the provider's policy for new staff. Staff confirmed however they felt supported by the new manager.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People said staff ensured they consented and were supported to make decisions about their care and staff confirmed this. Staff we spoke with understood their roles and responsibilities in regards to gaining consent

and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. Two staff members told us they did what the person wanted and would respect their decision.

We saw that registered manager had considered people's capacity when a decision was needed. The registered manager completed an assessment to gain an understanding of the person's capacity to make the decision about a treatment that they required. We found that following the assessment the registered manager had taken appropriate action and had sought support for a further assessment from the local authority.

People told us they enjoyed the food at the home. People told us they ate food that they enjoyed and food they had chosen. People were supported to maintain their independence with regards to planning, preparing and cooking their own meals at lunchtimes. We saw that the care plans had all been reviewed which included risk assessments and that staff had been retrained in the use of feeds. The relevant health and social care professionals had been involved in the development of the care plans and training provided to staff. We saw that people's weight was being monitored and action taken if there were concerns. We also saw that where things had improved for people they were able to eat orally and the feeds via PEG (Percutaneous Endoscopic Gastrostomy) were a supplement. The staff worked with people to manage their dietary intake.

On the day of the inspection it was a member of staff's last day, people had been asked how they wanted to mark the occasion and they had chosen a takeaway, some had kebabs and others a pizza. Staff enabled people to have sensory experiences for example where a person only received their nutrients via a PEG, they were enabled to have a plate with soft foods and sauces on so they could experience different tastes.

People were supported to make their own drinks and we saw that people had access to the kitchen to make drinks when they wanted to.

People's health needs were met. At the time of our inspection staff had no concerns about people's food or fluid intake. People told us they had access to healthcare professionals when they needed to and that visits were arranged when they requested them. People told us they saw a doctor when they needed to. They also told us they were supported to hospital appointments when this was required. We saw in care records that staff ensured people maintained their appointments and worked with external healthcare professionals to ensure the person received their care and treatment in a timely way.

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person told us how Park View was their home and they were happy with the staff that cared for them. We found that the interaction between people and the staff was relaxed and friendly and there were easy conversations and laughter.

A new person moved to the home during the inspection, they were known to some people who already lived at the home through college. People welcomed them to the home and staff helped them settle in. Shortly after their arrival they appeared to be comfortable in their new environment and was sat in the lounge playing video games with other people.

We observed that people's individual needs were met; some people were quiet and seemed to enjoy their one to one time with staff. Others preferred to watch what was happening in the lounge and others enjoyed banter and humour with the staff especially when playing football games.

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person's care plan had a 'personal history'. This contained brief information about the person's needs likes and dislikes. The care plans detailed the support needed and how staff were to offer that support.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort.

Staff were respectful and spoke with people in a considerate way. We saw staff did not hurry people and were caring and patient in their attitude towards people. There was fun and humour and the interaction we observed was very positive. People told us they felt involved and listened to and that their wishes were respected.

People were supported and encouraged to maintain relationships with their friends and family. On the day of the inspection a person who had recently moved out of the home came for a visit and was welcomed and stayed for the evening meal.

People told us they had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathroom doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests for personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People were supported by staff that knew them well and understood their needs and wishes. Staff gave us clear information about people's daily lives and how they needed and preferred to be supported.

People's support plans provided staff with clear and detailed information about people's health and social care needs. Each area of the plan described how best to support the person, things staff needed to know and specific goals for the person concerned. For example, one plan stated the person needed support and guidance with personal care tasks, but also the importance of encouraging choice where possible. The care plans also showed where people were independent and how staff could respect the choices they had made.

People received personalised care, which was responsive to their specific needs. For example, one person used Makaton (a form of sign language) to tell staff how they were feeling and to help them plan their day. Staff said this person would use this to tell staff what they wanted and they matched what was being said to the person's body language. A thumb up meant they were okay. If someone became agitated because they could not get their message across; we saw staff responded calmly and asked them to explain slowly what they wanted as they had not understood them at first. The person then repeated themselves and staff were able to support them with what they had wanted.

Systems were in place to ensure information about people's needs and support arrangements were regularly reviewed and updated. Handover meetings took place at the end of each shift so important information could be communicated and support plans were reviewed at least every six months or more frequently if required.

People were supported to lead a full and active lifestyle with them attending activities outside of the home as well as activities in the home. College had already stopped for the summer and staff were speaking with people to plan things for the summer, such as daily outings and activities.

The registered manager and staff checked regularly to help ensure people were happy with the care being provided, through daily conversations and yearly surveys. For example when a person went to the kitchen to get a drink staff would ask how they were and if they needed anything.

Support plans included detailed information about people's past and current health needs and staff were familiar with this information. People's health needs had been documented as part of a 'Hospital Passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs are understood and met when they are away from the place they live.

Staff knew people well and were able to use this knowledge to recognise and respond to changes in people's health.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a

complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last 12 months and saw that one complaint had been received. We found that this was in the process of being responded to and where needed other professionals were involved.

Is the service well-led?

Our findings

People told us they found the registered manager and deputy manager were approachable and responsive to their requests where it was required. One person said, "Yes, I like [name, manager]."

At our inspection in May 2016 we found there was a lack of clear, accurate and contemporaneous records regarding people's care. Whilst there was a monitoring system in place to monitor the safety of the service it was ineffective as issues such as recent medicines errors and the missing information in care plans had not been highlighted. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant with this regulation by September 2016. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

We saw that the care plans and risk assessments had been updated and reviewed and moved to a new online system and we were able to see improvements in the care notes for each person whose records we viewed.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as the environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. Regular audits were undertaken of people's medicines and personal finances to help ensure they remained safe and protected.

The registered manager carried out these checks on a monthly basis and sent the report to the area manager. Health and safety checks were carried out monthly by a member of staff at the service. Any issues regarding the building were added to the maintenance file and audit and signed off when completed. We saw there were continued issues with the fire door closures for several months that had not been addressed. Although the registered manager sent us an email after the inspection showing they had contacted the provider again about fire safety, the audits and monitoring undertaken by the provider had not identified the issues with fire safety which we found.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider completed regular checks of the service provision. The registered manager told us that the area manager was supportive and knew people who lived in the home well. However following these monthly audits had not taken place as regularly as expected. A senior member of staff visited the home regularly but they had not always carried out an audit. The operations manager assured us that they had recruited to the vacancies and that the new area managers would carry out regular audits in line with the provider's policy. We saw audits for January and March 2017.

The provider had sent surveys to people using the service to gain their views about the service provision. We saw these had been reviewed by the provider's quality manager. There were no negative comments.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider. We saw that the provider had displayed their previous rating.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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>Records indicated that fire safety latches had not been working appropriately for several months. This meant people could be at risk of harm because fire safety doors would not close in the event of a fire.</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits and monitoring undertaken by the provider had not identified the issues with fire safety.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>