

Livability

Dolphin Court

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

The unannounced inspection took place on the 28 February 2017, by two inspectors.

Dolphin Court provides personal care and accommodation for up to seventeen people who are living with a learning disability, physical disability and/or acquired brain injury. The majority of people living at the service were independent and required limited support with personal care however there was a minority of individuals with more complex needs requiring more support than others. There is a large communal room on the ground floor with easy access to an enclosed garden area with summer house. There is a lift to bedrooms on the first and second floors.

The service had 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.

Since our last focused inspection on 18 May 2016, the service had sustained the initial, immediate improvements that had been made. Further improvements had been identified and were being driven by the registered manager, such as the consistency of staff recording information. However, quality assurance systems were in place and being used effectively by the registered manager and provider to monitor the service provided to people. Effective leadership was clearly present within the service to drive the improvements identified by the systems.

There were sufficient members of staff working within the service which meant people's individual needs were consistently met within reasonable time frames. People's medicines were managed appropriately and concerns were responded to by management. The service worked with local authorities and professionals to ensure best practice. A robust recruitment process was in place and staff were employed upon completion of appropriate checks.

Staff appraisals had not been completed, however staff were provided with individual supervision, training and staff meetings to facilitate support from management. The registered manager confirmed that annual appraisals were planned and would be effectively implemented. People were supported by staff to access healthcare services and attend health appointments. Support plans were updated with professional's guidance to help staff support people safely. People's dietary requirements were delivered safely and people were given choice which staff respected.

Management and staff understood their responsibilities and the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Decisions were made in people's best interests with the involvement of appropriate persons, which ensured people's rights were protected and that freedom was not being inappropriately restricted.

Staff and management were caring towards people and relatives. Staff respected people's privacy and dignity was valued. Care continued to be provided in a way that intended to promote people's independence and wellbeing for the majority of people.

People were supported to carry out their own daily interests independently or achieve them with the assistance of staff. People who had decreased independence were supported by staff to be involved in activities, if they chose to. A complaints system was in place and people knew how to use it.

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.

Staffing levels were sufficient to meet people's needs.

Management responded to concerns regarding medicine management appropriately and worked with external parties to ensure best practice within the service.

An effective recruitment system was in place which ensured appropriate checks had been carried out when recruiting new staff.

Is the service effective?

Good ●

The service was effective.

Although appraisals had not been completed, staff were supported with supervisions and training which enabled them to apply knowledge to support people effectively.

People were supported by staff to access healthcare professionals when required.

People's rights were protected as the management and staff worked by legislative frameworks i.e. Mental Capacity Act 2005.

People's dietary needs were catered for safely. Choice was offered and respected.

Is the service caring?

Good ●

The service was caring.

Positive relationships had been created between staff, people and their relatives. Systems were in place to support staff to listen and respond to people's views.

People's privacy was respected by staff that acted with empathy and treated people kindly.

Staff promoted people's independence, in a caring manner.

Is the service responsive?

Good 

The service was responsive.

People were supported to attend health and social appointments when required.

The service listened to people's preferences and responded appropriately.

People knew how to make complaints which were responded to in line with service policy.

Is the service well-led?

Good 

The service was well-led.

Improvements had been sustained by effective management and the quality of the service provided was monitored.

A registered manager was in place and provided clear leadership to promote effective staff practice.

People and their relatives were supported to express their views within an open and transparent service.

Dolphin Court

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.

We inspected Dolphin Court on the 28 February 2017 and the inspection was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with five people, two relatives, six members of staff, the deputy manager and registered manager. We observed interactions between staff and people. We looked at management records including training and supervision documents, samples of rotas, three people's individual care plans, risk assessments and daily records of care and support given. We looked at three staff recruitment and support files and quality assurance information. We also reviewed six people's medical administration record (MAR) sheets.

Is the service safe?

Our findings

At our last focused inspection on, 18 May 2016, we recognised the provider and management within the service had taken action to assure themselves that the service were meeting people's individual needs with the correct staffing levels. During this inspection on 28 February 2017 we found that there continued to be sufficient numbers of suitable staff to keep people safe and meet their needs. We observed one person ask for assistance with personal care and two members of staff immediately responded to the person's request. One member of staff told us, "There are definitely enough staff working here." One person said, "We have call buttons if we need help and they [staff] always come very quickly. I have a call buzzer to push in my kitchen and by my bed." We observed that staffing levels were appropriate to safely meet people's needs.

People told us they felt safe living at the service. One person said, "I do feel safe here. I wouldn't cope if I didn't have people around me. So I know I'm very safe here." Staff knew how to protect people from harm and keep people safe. Staff told us what they could do to protect people and how people may be at risk of different types of harm or abuse. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff was confident explaining to us the different types of abuse people may be at risk from and told us how they would have no problem escalating any concerns to appropriate persons. We saw documents that assured us staff had received their mandatory training of safeguarding which was refreshed every two years. The registered manager and deputy manager had good knowledge of safeguarding and acted appropriately in response to concerns.

Staff had the information they needed to support people safely. Support plans and risk assessments were reviewed regularly by senior staff to ensure people were protected and kept safe. Support records had current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. This documentation displayed how to support and protect each person whilst their freedom was respected to make their own choices. We saw in one person's support plan, correspondence from a health professional detailing, that the person had disagreed with the advice given and sometimes refused appropriate support from staff. All staff had a heightened awareness of the potential risks and documented when refusal of support was made. However all staff respected the person's choice regardless of the risks which assured us people's concerns and experiences were listened to in order to maintain people's wellbeing.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medication management in the service was safe. The registered manager had acknowledged errors within their management of medicines and worked with local authorities, GP services, Clinical Commissioning Groups (CCG) medicines management team and members of staff to improve their practices. The registered

manager had effective systems in place to audit the administration of medicines daily, weekly and monthly. Select members of staff had been allocated the responsibility to administer medicines each shift and undertook regular competency checks in addition to their training. No errors had arisen since the implementation of these systems. People consistently told us they were happy with the support they received with regard to their medicines. One person told us, "My medications are given to me at the right times, the correct dose is always checked and given to me." We were assured that management had responded to concerns robustly and appropriately to ensure safe management of medicines.

People were cared for in a safe environment. Staff received training on how to respond to fire alerts at the service and the registered manager carried out unannounced fire evacuation drills to ensure staff were competent in the process and addressed any areas where improvement was required. Personal emergency evacuation plans were in place for everyone and emergency contingency plans were in place. The premises and equipment was regularly serviced to ensure a safe environment.

Although the service lift had been out of service several times throughout 2016, the provider was addressing the unreliability of the lift and plans were being put in place to upgrade the lift. Several people had been affected by the out of service lift and were unable to attend their places of work. However two people advised that during these period's staff regularly visited them to check they were ok and whether they needed anything.

Is the service effective?

Our findings

At our last focused inspection on, 18 May 2016, we found that the need to carry out mental capacity assessments had been identified and completed, with the inclusion of people's family, where required. 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).

During this inspection on 28 February 2017 we found that the registered manager had continued to ensure that decisions were being made in people's best interests with the inclusion of all appropriate persons. Mental capacity assessments continued to be reviewed where required. Staff members had received training of the Mental Capacity Act. Staff we spoke with understood how the Mental Capacity Act protected and empowered vulnerable people. Two members of staff told us how although they had received their training on this topic they would always welcome more. The registered manager had arranged for two members of staff to attend external training provided by local authorities to expand their knowledge of MCA and DoLS.

Staff were supported to obtain the knowledge and skills to provide continuous good care. People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also being supported by the registered manager to acquire additional skills such as key worker skills. One member of staff told us, "We have a lot of training, some online and some face to face. We had moving and handling training last week." Another said, "I have had key worker training. It was very helpful. I can apply things I learnt into how I work and the group training was really good because you learn from other people's experiences." The registered manager had a system in place to ensure all staff received their mandatory and refresher training within appropriate time scales. The majority of staff training was in date and the registered manager was responsive to ensure all outstanding training is to be completed as soon as possible.

Staff received an induction into the service before starting work. One member of staff told us they found their induction period very useful as it gave them the opportunity to shadow experienced staff members and understand people's needs. Another staff member was completing their online training on the day of our inspection as part of their induction. However the detail of induction staff received was not consistently documented within staff files. Additionally, yearly appraisals had not been completed for all staff members. The registered manager took our comments on board and confirmed that induction documentation would be reviewed immediately. They also provided documentation to demonstrate how they had addressed the need for formal supervision to be undertaken at least five times a year and would be completing all staff appraisals by the end of March 2017. The registered manager had implemented robust good practice in managing capability to address and improve performance of staff members. They told us that this had been very effective and they used this as a positive tool for improvement in staff practice and as part of their

overall staff support program.

People had enough to eat and drink and received good support with their nutrition. We saw and people told us they were offered choice. People's specific dietary requirements were clearly displayed within the kitchen, in line with their support plans, to ensure people's safety and choices were respected. One relative told us, "Staff are lovely and they all make sure [person's name] is supported to eat safely. I have no worries at all." Since our last visit a permanent cook had been recruited. One person happily told us, "The food is lovely; they [cook] are marvellous, very efficient. They know I love carrots so will give me extra. We get healthy choices, salads, jackets a roast. Most of us do our own breakfast and lunch but they cook us dinner here every night. We help decide the menus." Staff respected people's choices as another person told us that they choose not to eat with others and cook all their own meals. We observed people's new kitchen facilities in their individual rooms. Facilities had been adapted for people's individual capabilities to promote independence of daily skills.

People were supported to access healthcare professionals. We saw people's health appointments documented on the service's electronic records system. People's support plans had been updated to reflect the advice of health care professionals. People told us that staff would support them to contact health professionals if needed. Although many people were independent one relative told us, "They [staff] always let me know if anything happens and a doctor needed to be called." Staff confidently spoke of when and who they would contact to respond to people's health needs. Another relative told us, "They [staff] are always very cautious about getting current advice from the GP."

Is the service caring?

Our findings

People told us how living at Dolphin Court allowed them to live as independently as possible with effective support available as soon as they needed it. One relative told us, "Dolphin Court has been a lifeline for [person's name] and for me. [Person's name] has had so much more freedom living there."

Positive relationships had been created between people and staff who supported people to be as independent as they chose to be. One relative told us the difficulties that had been faced, maintaining one person's independence over the years, due to increased health and safety legislation. However they felt staff at Dolphin Court always promoted independence and tried to encourage the person to be as active as physically possible.

People and relative's comments about the care provided by staff were noted to be consistently good. A relative emotionally told us, "They [staff] are all absolutely lovely, they take really good care of [person's name], I am very grateful." We observed staff interact with people in a kind and caring manner using sensitivity and humour at appropriate times. One person communicated to us, "All staff here are nice, they all like me and treat me well." Another person told us, "We are like a family here."

Staff knew people well, their personal histories and support needs. The registered manager had provided staff training to facilitate effective use of a key worker system. This enabled people to express their individual views regularly to a dedicated member of staff for them. Everyone we spoke with was aware who their key worker was and told us they spoke to them every month to discuss their own individual wants and ambitions. One member of staff told us how their own personal experiences have allowed them to be an effective key worker to one person who faced similar experiences. They told us, "It's easy for me to be empathic and support [person's name] to achieve their ambitions as I know what they are going through and how to manage hurdles." We saw documentation which demonstrated people had regular discussions with their key workers. We were assured that the service supported people to express their views and were actively involved in making decisions about their care and support.

People told us staff respected their privacy. One person told us, "Oh yeah they always knock or ring the bell before they come in. They do respect my privacy definitely." One person's support plan detailed their personal preferences about the support that staff provided during the night, respecting their privacy. Dignity and respect continued to be reflected in people's care records regarding end of life plans and people's wishes based upon their religious beliefs. One support plan detailed the person's wishes for support and treatment immediately after death.

Is the service responsive?

Our findings

Many of the people at Dolphin Court had lived there for a number of years so staff knew people and how to support them well. Nevertheless for new admissions robust systems were in place to assess the needs of people prior to their arrival, which ensured staff could meet new people's needs in the same manner.

Although we observed that people were receiving care personalised to their needs staff were not consistent in their recording of information. For example some staff recorded the intake of people's fluids on the service's electronic system and other staff members were recording fluid intake on paper fluid charts. Although it could be determined how much fluid a person had taken daily, it was difficult to monitor as information was stored in various places. The registered manager told us this matter would be addressed, so that staff record information in line with each other to facilitate monitoring of information.

People consistently told us they were aware of their support plans and spoke with staff regularly to agree the support provided to them. Support plans detailed individual support provided to people during the day and night respecting people's individual lifestyle preferences. One person told us, "[Staff member's name] and I sit down and talk every month. We discuss what I want but nothing needs changing I'm very happy." Health professionals and relatives were involved in people's support plans where required. Support plans and risk assessments were reviewed regularly by senior staff to ensure people were protected and kept safe.

The registered manager had continuous oversight of the review of support plans and risk assessments and a system was in place to notify them if any records were approaching or passed their review date. The service had moved completely away from the use of hardcopy support plans and all staff had their own access to computerised records. Agency staff also had their own temporary passwords which enabled them to access people's support plans and record the necessary daily information without being reliant on permanent staff to help them understand how to keep people safe.

During our previous visits staff had a lack of understanding regarding the importance of pressure relieving equipment being checked and used appropriately. During this inspection staff members consistently told us how they checked pressure relieving equipment and the deputy manager showed us the documentation that was completed daily to ensure appropriate checks had been consistently carried out. We observed that staff were ensuring equipment was used to support people's needs effectively.

People's experiences were listened to and responded to appropriately. We saw that people had changed private living areas since our last visit. One person told us, "I love my room, it's spacious and peaceful and I can move around in it without any trouble." A relative expressed how they had meetings with management prior to the moving of living areas, they said, "Oh [person's name] is like a different person since they've changed rooms. The staff were all very helpful."

People's comments about social activities provided at the service were variable. The majority of people lived independent lives and the service supported people to attend voluntary work placements and college within the local community. We spoke to the driver of Dolphin Court's minibus who stated they were as

flexible as possible to support people to attend their health and social appointments throughout the week. One relative told us, "I have started to see notices advertising activities for people again. It always used to be like that and I think the activities are starting to improve again." People told us they have games nights, takeaway and movie nights and visit restaurants together. Another relative told us, "[Person's name] used to be able to do more, but when they have activities they [staff] always make sure [person's name] is involved." The registered manager told us that they felt it was important for all staff to be involved in activities with people; therefore, they were in the process of recruiting an additional support worker which would enable all staff members the time to participate in activities.

Policies and procedures were in place to address people's concerns and complaints. Several people were unhappy about the unreliable lift facility within the service however only one formal complaint had been raised. Short term resolution had been achieved with additional long term plans in place to sustain the reliability of the lift for people. Otherwise people told us they did not have any complaints but felt comfortable to raise concerns with management if they felt they needed to.

Is the service well-led?

Our findings

At our last focused inspection on, 18 May 2016, we found that a new manager was in post who was taking immediate steps with the provider and deputy manager to address the identified concerns within Dolphin Court.

The home manager had registered with the Commission since their appointment in April 2016. 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 this inspection we found that the registered manager had continued to sustain the initial improvements which had been made since their appointment. For example, management and monitoring of people's health needs to keep them safe. Although the registered manager had identified that the recording of information by staff could be improved further, it was clear that improvements had been made.

Systems and processes had been implemented to identify accountability and improve effective staff practice. Quality monitoring of the service provided to people was evident and systems were in place which provided the registered manager and provider with current oversight. Action plans were created and used effectively to drive improvements. The provider distributed and collated questionnaires across their services annually to drive improvements from results received. However the registered manager had recognised the need to gather views at a local level. Plans were in place to distribute further questionnaires in March 2017, to people, relatives and external parties to gain further insight into views of the service provided to them. We were assured that quality was being monitored and best practice was being driven by the registered manager.

Good management was clearly demonstrated and leadership was present within the service. The registered manager told us they felt supported by the provider to act autonomously within Dolphin Court. Staff continuously told us that they felt happier since they had the presence of a permanent manager. One staff member told us, "[Registered manager's name] and [deputy manager's name] work well together. We understand what is expected of us and can work as a team now under their direction. I'm very happy here." Another member of staff told us how management were supporting them to further their knowledge and skills and how they always felt comfortable asking management for help. A relative told us, "There was once a high turnover of staff and managers but [Registered manager's name] is very approachable, they are trying very hard to make improvements."

The registered manager told us how there have been some changes amongst the workforce and despite challenges felt they worked with a great team of people and appreciated their hard work and offering of support when external influences arose. We saw within staff meeting minutes that staff members who excelled were recognised and nominated for outstanding staff member awards.

A positive culture was promoted at Dolphin Court. The registered manager was clearly respected by staff and liked by people. The registered manager had a clear managerial presence within the service and we noted their observance of people's behaviour and how they responded to any concerns directly to maintain people's positive wellbeing. Staff echoed the registered manager's actions and one member of staff told us, "We are here to provide support when it's needed, promote independence and understand individual strengths and weaknesses. We are a metaphorical crutch when people need it but not always when they want it. It's about bettering people's lives so they achieve not doing everything for them."

Open and transparent communication was enabled within the service. Staff, relatives and people alike told us they felt comfortable talking with management if any concerns arose. Meetings were held at the service for staff and people. One person had been designated chairperson of relative's meetings to ensure everyone's voice was heard regarding an array of topics such as, proposal plans for the summer house, lift improvements, day trips and activities, key worker systems and development plans. A relative told us, "Everyone is so approachable. Staff and management are all fantastic and more importantly than that, I know [person's name] is happy."