

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

This inspection took place on 9 May 2016 and was unannounced. The home was previously inspected in June 2014, when no breaches or legal requirements were identified.

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.

A registered manager was in place. 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.

Risks associated with people's care had been assessed and plans had been developed to ensure that staff met people's needs consistently and reduced such risks. However risks existed regarding the safety of medicines and the control of infection was not always managed regarding the use of equipment and personal care

Medicines were not always managed safely and there was a safeguarding investigation in progress around medicines. The provider has kept us informed about the ongoing issues and action they are taking.

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.

Whilst staff knew people well, and stated people had been involved it was not possible to see from their plans of care how staff had involved people in looking at their support needs and risks associated with those needs. Plans of care were not always clearly personalised

Observation demonstrated people's consent was sought before staff provided support. Staff and the manager demonstrated a good understanding of the Mental Capacity Act 2005.

We found that staff received a good level of training; the provider's own records evidenced this, as did our observations and the staff we spoke with.

Staff demonstrated a good understanding of safeguarding people at risk. They were confident any concerns raised would be acted upon by management and knew what action to take if they were not.

Recruitment checks were carried out however, not all the information was available at the time of inspection as it was kept at the provider's office. The provider has told us since the inspection that references and

copies of police checks will be kept at the home.

The provider ensured there were enough staff on duty to meet people's needs. Staff received a thorough induction when they first started work which helped them to understand their roles and responsibilities.

People and their relatives knew how to make a complaint and these were managed in line with the provider's policy. Systems were in place to gather people's views and assess and monitor the quality of the service. However, these systems had not identified the issues we had with records, nor identified concerns we had in other areas.

We found breaches in two 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.

Medicines were not always managed safely with incorrect records and missing medicines.

Control of infection was not always managed regarding the use of equipment and personal care.

Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. There were appropriate assessments and procedures in place to help reduce the risk of harm people presented to themselves or others.

Recruitment processes to make sure staff were safe to work with people at risk were in place .

The provider ensured appropriate staffing levels to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were supported to understand their roles and responsibilities thorough effective supervision, appraisal and training.

Staff had a good knowledge of the Mental Capacity Act 2005 and the need for best interests decisions to be made. They demonstrated they involved people in making decisions and respected the decisions they made.

People's nutritional needs were met and they had access to healthcare professionals when they required this.

Is the service caring?

Good ●

The service was caring.

We found that staff spoke to people with warmth and respect, and day to day life within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and were clearly motivated to provide a caring and supportive service to people.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and the planning of care was personalised and reflected people's needs, although they did not show how people had been involved.

A complaints procedure was in place and people and relatives knew how to use this.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

People's records were not always accurate, up to date and complete.

Systems were in place which monitored the service however these had not always been completed.

The manager audited the service and staff were encouraged to share concerns and make suggestions.

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 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.

The inspection took place on 9 May 2016 and was unannounced.

The inspection team consisted of 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.

We spoke with four people who lived at the home, a relative, five care staff, the deputy manager, registered manager, a trainer and the area manager. To help us understand the experience of people we spent time in the lounge with them and the staff.

We looked at four care plans and associated records. We reviewed four staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for the previous month. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits, policies and procedures.

Is the service safe?

Our findings

Observations of interactions of staff showed people were comfortable and relaxed with staff. People were able to tell us about their experiences and said they liked it at the home and felt safe. A relative told us "When [name] is with us they ask when they are going back home, they are never distressed at coming back and I feel that [name] is safe."

Staff knew people well and the assessment of risk and planning of care to implement measures to reduce some risks was effective. For example staff had a good understanding of safeguarding adults at risk. They were able to identify the correct safeguarding and whistleblowing procedures to follow should they suspect abuse had taken place. A member of staff said "If I did not get a response to issues that I had raised I would go to head office."

We saw that there were instructions for staff on the care of PEG (a tube for helping people receive food and fluids) sites for example "Site observed daily and rotate PEG 360°". However, in the care plans we looked at where people had a PEG there were no instructions on the cleaning of the site and whether staff should wear gloves for example.

We saw that risks had been assessed and people's rooms had been adapted to protect them. The manager showed us the safeguards that were in place for example electrical items and wall sockets were placed higher in people's rooms.

We saw that one person had been prescribed oxygen. Staff told us there was sticker on their bedroom door, one on the bus belonging to the service that everyone who lived there could use and one on the medicines room door to tell others of the potential risk. The person had their oxygen on their wheelchair and the chair was kept in their bedroom at night. This meant the chair did not have to be labelled as there was information on the bedroom door and there was consistent storage of the chair at night.

Where people lived with epilepsy we saw that there were instructions and guidance for signs and triggers and what actions staff should take if a person had a seizure. Most people could not use the staff call system because they did not understand its use, or they were physically unable to use it or the cord posed a risk to them. One person wore a device which meant they could call for staff support when they needed it. This meant they could be more independent whereas others had one to one staff support.

Staff told us about the 'bus training' they had had for example how to use a suction machine, oxygen and medicines for epilepsy when out of the home escorting people to access the community. Two members of staff always went on the bus even if there was only one person; one to drive and one to assist the person and attend to any emergencies. All people who lived with epilepsy were supported two to one on the bus and one to one if walking. We met one person when we arrived who was going to the GP on the bus and they had two staff with them. They were holding a spacer (a device to help people have their asthma medicines) and we saw it was very dirty. When we spoke with staff they said it was cleaned weekly.

When walking round the home we saw several machines with tubes and face masks in individual rooms, the machines were grubby and the masks on nebulisers had food remains on them. We asked the manager how often they were cleaned and they told us the tubes were changed daily for food and fluid via the PEG and the machines weekly. We did not see any records to show that this was carried out.

The failure to ensure that equipment used by the provider is safe to use and to control the risks associated with prevention of the spread of infection is a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff confirmed that any incidents or behaviours which challenged would be recorded. We checked the systems in place for monitoring and reviewing behaviours, safeguarding concerns, accidents, incidents and injuries and found them satisfactory.

There was no dependency tool used to establish staffing levels; however rotas showed there were seven staff on duty during the day with six staff working long days with a break from 7am to 7pm and one between 9am and 9pm. There were four staff working at night, one to one for one person and three for the others. We asked staff if they felt there were enough staff to support people. We were told that the allocation sheet (used to ensure that each person had a member of staff to support them), helped and that mornings could be tough when assisting people to go to school and college.

Potential new staff completed an application form and were subject to an interview. If successful at that interview a second one was held which included written tests. Following the interviews, recruitment checks were carried out to help ensure only suitable staff were employed. We looked at four staff records and saw that for one member of staff there was one reference only which stated dates of employment, which was not dated and did not show who it was from. A second file for another member of staff, indicated that references had been received but they were not available in the file. The third file for a different member of staff had no evidence of a police check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We raised this with the manager at the time who after the inspection told us that the information had been at the provider's office. The provider did provide evidence after the inspection that appropriate checks had been made, and they'll now keep it at the home too.

However members of staff told us they had not started work until all recruitment checks had taken place. One member of staff had never worked in care before. They described for us their recruitment with two interviews having taken place and tests for numeracy and literacy. They said "The police check took a while but I expect it was because it was applied for before Christmas. I had a week's induction and I am doing the Care Standards Certificate. I like the diversity and variety here everything is pretty much okay and I am more than happy here."

There was an open safeguarding investigation with regard to medicines storage and administration, with particular issues with controlled drugs. A meeting with the local safeguarding team was due to take place on the 12 May 2016 to resolve issues regarding medicines. Following the safeguarding meeting on the 12 May 2016 three days after our inspection, the manager sent us an action plan detailing the action Dolphin Homes and the home would be taking in response to the meeting. This included a review of the medicines policy and the removal of all the auditing systems that had been in place prior to the safeguarding meeting and the implementation of a new one.

We found concerns with medicines at the inspection on the 9 May 2016 which had occurred after the safeguarding alert had been made, despite several checks having been put in place to help with the issue

with medicine errors. Controlled drugs are medicines that are managed by law, and have to be kept and administered in a particular way. These included incorrect stock and poor recording in the controlled drugs (CD) book, missing medicines and gaps in recording. The manager had been away and had not been made aware of these issues. The inspection occurred on their first day back from annual leave.

For one person who was prescribed Diazepam 3 x 2mg the records showed on the 7 and 8 May 2016 that staff had recorded 3 x 1mg. On the 9 May staff had written 3 x 1mg then changed it to 3 x 2mg. This meant there was no consistent record of medicines given and the person could have been at risk of receiving too much or too little medicine.

A second person was prescribed up to 2mg of Lorazepam on the 3 May 2016. It had been signed for on the medicines record (MAR) but not in the CD book which could have led to errors in stock control. Medicines had been checked daily recently by the manager or deputy except at weekends due to issues with both their availability. This recording mistake had not been found until we looked at the records with the manager and deputy.

A third person was prescribed two medicines to be taken on different nights to help them relax. Records for these medicines in the CD book for the 19, 23 and 24 April 2016 were incomplete, in the wrong place, wrongly reconciled and changed without explanation.

The failure to carry out proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

We also saw some good practice. Tablets in packets and medicine in bottles were dated when opened. Each person had their own medicine folder with medicine records, protocols related to their prescribed and as required medicines and their own sign in and sign out book for medicines they needed when leaving the home.

Is the service effective?

Our findings

We observed staff asking permission before providing support to people and they always checked they were happy with this.

On starting employment, all staff underwent a formal induction period. Staff records showed this process was structured around allowing staff to familiarise themselves with the service's policies, protocols and working practices and was based on the Skills for Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. The staff we spoke with felt they were working in a safe environment during this time and felt well supported. We received comments such as "I am due to have my medicines assessment in a few weeks; I need to do more shadowing first." "I have had probation/supervision meetings and the support I have had has been fine." "All staff know what they are doing."

Supervision sessions had not been undertaken with staff in line with the provider's policy. The manager showed us the supervision records for staff for 2016 and we saw that nine staff had received supervision in January, six in March and nine in April. However, the names were all different and we could not see that staff had received supervision every eight weeks as per the provider's policy. However, staff told us they felt supported by the team and the manager.

A staff training database was in place, which monitored the training undertaken by all staff. Training was provided in a number of areas including infection control, communication with people, safeguarding of people and the Mental Capacity Act 2005. Other courses included the administration of medicines. Training was either via e-learning, which involved a work book which was sent for external marking, or face to face training.

One new member of staff told us that training was very good at the home and that they had completed the care certificate and all training except wheelchair safety. Whilst we were at the home the manager met with them for their probation meeting.

Another member of staff told us they had been one of the original staff when the home had opened, and they completed all their training before the home opened which they thought had been good. They told us staff were responsible for booking their own training which could be on their days off or when they were rostered to work.

A third member of staff told us they had an extensive training portfolio as training was very good. They had been trained to support other staff in the care of PEGs (tubes used to help feed people) and how to assist people to have their food, fluids and medicines via this method. The member of staff was also working on appropriate external qualifications.

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 so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. Staff were able to describe the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They described the purpose of the Act to us and its potential impact on the people they were caring for. Observations throughout the inspection showed staff sought people's consent before acting. We saw how staff respected people's right to make their own decisions. For example, when three people chose to play a game together they were asked if they needed any help with setting it up and they told staff no.

Other people said they enjoyed the food and drinks offered and there was always a choice. One person told us that although they had a PEG they were also able to have some fluids by mouth however, they were currently restricted as the drinks they had been having had affected their body absorbing the nutrients from their food. They said they still liked the taste of the drinks so they had bought a bottle that day and were rinsing their mouth with it but not swallowing it. Another person told us that staff encouraged them to make their own food and they had specialised equipment such as a plate guard and padded cutlery to help them eat.

People had access to a range of healthcare professionals including community nurses, dentists, and GP. Records were kept of appointments, advice that had been given and any action that was required. We saw when one person returned from a visit to the GP the staff had taken the health care plans folder with them so that the GP could record any actions or information concerning the visit. A referral was to be made for the person to a psychologist. We spoke with a relative on the day of the inspection who told us that they were kept informed about their relative's care and wellbeing. They could ring the home and ask questions and staff always answered.

Is the service caring?

Our findings

We spoke at length with two people who lived at Park View. One told us that they had their own mobility car "Which of course I don't drive, staff take me out." They had one care worker supporting them and they liked that one to one time. They told us what they had planned that afternoon which was going to an activity centre. Another told us that the support they had was good, "I am free to do what I want here." "It was my choice to leave home and live here." One relative told us "We have regular input into [name] care and we are in partnership with the staff here."

Staff told us that people got on well together and some had been friends since they were young; staff said, "They bounce off each other and bring out each other's personalities."

People had their own keyworker (a keyworker is a member of staff with special responsibilities for example ensuring people received the support they needed and had enough clothes and personal items). The team leader told us they monitored the key worker folders and offered staff support if needed.

There were support plans in place to show staff how people communicated whether through gestures, vocal sounds, body language, sign language, picture boards, objects of reference, using iPads or verbally. We saw staff interacting with one person using sign language and they were using pictures to tell staff what they had planned for the day. This method showed us that they were going out with their family for lunch.

When we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. We saw that staff addressed people with warmth and kindness, and understood people's needs well.

We looked at four people's care records which included a folder of their support plans and another which contained information and support plans on their health needs. These plans whilst detailed were the same for all of the people we looked at with the exception of perhaps two or three sentences personal to those people or specific care needs. For example staff were to keep records of daily shower water temperatures. Another person liked to put things in their mouth and had been known to try to eat items such as the food probe. There were body maps to show any injuries. We noted, however, that there was little evidence of people being involved in their care planning although it was recorded they had been involved. Two care plans we looked at referred to the previous home the person had lived in indicating the plans had not been reviewed to reflect their move to Park View.

We asked the staff about people's personal histories and preferences. They could describe in detail their knowledge about these areas. People supported at Park View had very specific preferences, and staff demonstrated their knowledge of this when supporting the person in a way which met their needs.

Staff recognised the importance of encouraging people's independence. We saw people were supported to maintain their independence inside the home.

Is the service responsive?

Our findings

Staff told us that people were able to participate in a range of activities. Two people had work, one had secured a work experience placement at a local park which had animals to care for. Another worked at a local youth club. They went to college and their ambition was to teach rock climbing and football. We saw that people had individual activity plans which included school or college where they learned life skills or had physiotherapy as well engaging in activities.

There were records to monitor people's behaviour, the outcomes and staff actions. These were reviewed every month by the registered manager and audits were sent to their line manager. One care record we looked at showed when the person was to use their ankle weights (used to help strengthen their muscle tone). Staff also recorded when the person had chosen not to wear the weights.

Staff had a good knowledge of person centred care and were able to tell us what this meant. However, care plans we looked at had not been reviewed every month in line with the provider's policy. The manager explained that they were responsible for writing and reviewing the care plans and they had not been able to due to the absence of a deputy to assist them. We met the deputy who had recently been appointed and the manager told us that the care plans would now be reviewed more regularly.

Where the care plans stated people had been involved in the planning of their support this was not evidenced in the care plans. We had spoken with the area manager previously about the care plans and a director representing the provider rang us after the inspection to talk with us about the care plans. They were going to consider how they could involve people more in the writing of their care plans.

Everyone that lived at Park View had their own room and ensuite shower facilities. There was also specialist equipment for people to lie on in order to have a shower. There were also bath rooms. There were ceiling hoists to help staff to move people from their wheel chairs to their bed. Two people had specialised mattresses and cushions to help them rest in bed. Some of this equipment looked grubby and the manager told us that staff would change the covers on the beds before people went to bed. We saw a member of staff changing covers on the equipment later that day.

On walking round the home we found one fire door wedged open, the manager removed the wedge and told staff to change the batteries in the door closure.

There was a complaints procedure in place. People would talk to staff about any issues they had. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. One relative told us "I have never had any concerns and have an open relationship with the staff."

The manager explained the on call system which staff could use for support. This was the manager of the home being available Monday 0900 to Friday till 1700 then an on call system over the weekend. The on call

manager had lists of people living in the five homes they covered, and contacts for relatives, GPs and safeguarding contacts. The expectation was they would visit each of the five homes over the weekend and on the Monday they would give each home a report of any incidents.

Is the service well-led?

Our findings

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe the purpose of their roles. The home had a registered manager, deputy manager and two team leaders who organised the work on a daily basis. The team leader who was on duty explained their role and showed us the handover allocation records which they used to allocate who was going to support which person and who was going to do medicines. "This helps me plan the day." One member of staff described the manager as "Approachable, professional and helpful and [name] makes time for you." "Support for us here has always been good and always enough staff."

We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The registered manager had access to a centralised incident monitoring system, which enabled them to spot any patterns or triggers.

There was a quality audit system which was used within the service. It comprised weekly checks carried out by the staff for example fire, infection control, vehicle checks, kitchen cleanliness and food safety, incident and accidents. However the provider's checks had not identified the issues we found under safe and well led.

We saw that people's activities and their daily food and fluid were recorded to help monitor their weight and encourage healthy eating. However, where care plans stated that people should be weighed weekly or monthly, records indicated that these had not taken place. For example one person had a daily nutrition regime protocol in place which stated they should be weighed weekly. One record of weighing showed only two records had been made in May 2015 and March 2016. Another record for the same person we saw showed that they had been weighed 21 times in 2015, and 8 times in 2016. A support plan for the person dated 31 March 2016 for the maintenance of a healthy weight stated "Weigh weekly unless informed otherwise." There was one recorded weight after this date. For a second person we saw that their maintenance of a healthy weight stated weigh monthly. We saw records for 2015 which showed they had been weighed five times and twice in 2016.

The lack of clear, accurate and contemporaneous records regarding a person's care and an ineffective process to monitor the safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Building risk assessments included a monthly monitoring check. There was a monthly health and safety check for the building outside and one for items in the house such as fire extinguishers and magnetic door closures. Staff told us if there were any concerns then they contacted the provider's maintenance team.

The manager told us that although people's monies were checked daily and weekly the provider also ensure they were checked monthly.

We saw evidence that accidents incidents and near misses were looked at for example seizures, behaviour issues and cuts and bruises. We saw examples of action taken as a result such as training and extra checks had been put in place.

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>Safe care and treatment Regulation 12 (e)(h) The failure to ensure that equipment used by the provider is 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.</p> <p>Regulation 12 (g) The failure to carry out proper and safe management of medicines despite audits and checks being in place new errors had occurred and had not been found using the checks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance Regulation 17 There was a lack of clear, accurate and contemporaneous records regarding people's care.</p> <p>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.</p>

