

Livability

Livability Dolphin Court

Inspection report

179-182 Eastern Esplanade
Thorpe Bay
Essex
SS1 3AA

Tel: 01702584088

Website: www.livability.org.uk/service/dolphin-court-southend-on-sea

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Ratings

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

Summary of findings

Overall summary

About the service

Dolphin Court is a care home providing personal care and accommodation for up to fifteen people with a learning disability, physical disability and/or acquired brain injury. The service does not provide nursing care. At the time of inspection there were 14 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service were providing personal care to 11 people.

People's experience of using this service

Feedback we received from people and professionals about the service was positive. People enjoyed living at the service were in control of their day to day lives. The vision and values of the service which were shared by all staff reflected best practice principles ensuring people received support to live full and independent lives, challenging the barriers around supporting people with disabilities.

Staff knew how to protect people from the risk of harm. Risks to people had been assessed and staff knew what to do to keep people safe. There were sufficient staff employed to meet people's needs who had been safely recruited.

Safe systems for the management of medicines were in place. Only staff who had been trained and assessed as competent administered medicines. The service practiced the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions. The service demonstrated a 'learning culture' where accident and errors were reflected upon to improve practice.

A range of support mechanisms were in place including the provision of regular training, supervision and observations of staff to practice to ensure staff had the skills and knowledge to support people effectively.

People were supported to have enough to eat and drink that met their needs and preferences. Staff supported people to access healthcare treatment and advice as needed to help maintain people's health and wellbeing. The home environment was suitable for people's needs. Rooms had been personalised to reflect people's tastes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and had formed positive relationships with people. People were listened to and included in all aspects of their care and support planning. Staff treated people with dignity and respect and protected their privacy. Independence was encouraged and promoted.

The service adopted a person-centred approach placing people at the heart of the service. People's care and support plans were written in a personalised way that reflected each person's individual needs and preferences.

There were systems and policies in place to respond to complaints. If people had particular needs and preferences around end of life care, these were known and recorded. Staff showed a good awareness of people's wishes.

The culture of the service was open and inclusive and the service benefitted from good leadership. Staff enjoyed working at the service and felt well supported. Quality assurance systems were in place to monitor the safety and quality of the service and improvements were driven by engagement with people whose views were listened to and acted upon.

Rating at last inspection: Good. (Last report published April 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Livability Dolphin Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of three inspectors.

Service and service type

Dolphin Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

During the inspection

We spoke with the registered manager, the deputy manager, the locality manager, and four members of staff. We spoke with five people and two professionals who worked in partnership with the service. We looked at three people's care records including their medication records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the

service including complaints and compliments, minutes of meetings and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject.
- Records showed safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) as required.
- The provider also had their own internal safeguarding reporting system in place, which was used to address safeguarding concerns that did not meet the threshold for external reporting.
- The provider had oversight of all safeguarding concerns which were recorded on an electronic system which could be viewed by the organisation to ensure that appropriate actions had been completed and minimise the risk of reoccurrence.
- A whistle-blowing policy was in place and information on how to whistle-blow was publicly displayed. Staff had recently attended a safeguarding group supervision session and whistle-blowing had been covered during this teaching session. This ensured staff knew how to raise alerts if they observed poor practice in the workplace which placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risks to people were identified with guidance in place for staff on how to manage those risks. Risk assessments were reviewed regularly and updated as things changed.
- Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. A staff member told us, "We read all of the risk assessments when we started, and if there are any changes or if it was urgent, I would read it immediately."
- Staff attended a handover at every shift change which was used to keep each other up to date with any changes in people's needs including risks to people.
- On call arrangements were in place to support staff out of hours. An on call log was kept using the organisations electronic recording system. This ensured accountability as it recorded any advice given, actions taken and the outcome.
- Regular health and safety checks were completed to ensure the home environment was safe. This included equipment tests and servicing, gas safety, fire tests and drills and legionella testing.
- Fire safety equipment was accessible to staff including fire extinguishers and evacuation equipment such as ski pads which staff had training in how to use. People had personal emergency evacuation plans providing guidance for staff and emergency services on how to support people safely to evacuate the building in the event of an emergency.

Staffing and recruitment

- The service made sure there were sufficient numbers of suitable staff to support people. People had one to one support and sometimes two to one if required. During our inspection we observed staffing levels were meeting the needs of people and there was always someone available to provide support.
- Staff told us there were enough of them to meet people's needs in a safe way. One staff member said, "Sometimes we have agency, but what is good is that they use the same people from the agency, so when they do help they know what to do. It's like having a normal member of staff."
- Staff responded to people's needs in a timely way. One person said, "The staff are always willing to come and when I press the bell, they all come." Another person said, "Yes, there are definitely enough staff on shift."
- Safe recruitment processes were followed. recruitment checks had been completed upon staff prior to their offer of employment. These included checks upon staff's identity, conduct in previous roles, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong; Using medicines safely

- Prior to the inspection the service identified a number of medicine errors had been made by staff due to changes in the way medicines were dispensed and safeguarding alerts had been raised by the registered manager with their local authority. Consequently, the service had worked pro-actively with the local authority to put appropriate measures in place to ensure people's safety. New systems and processes had been introduced, training workshops were held, and additional supervisions that focussed on safe medicine management had been carried out with staff. In addition, individual storage cabinets had been purchased so that people's medicines could be stored in their rooms which decreased the chance that people could be given the wrong medicines.
- At the time of inspection, we found the provider was following safe protocols for the receipt, storage, disposal and administration of medicines.
- The new medicines systems were well organised, and people were receiving their medicines when they should. There were guidelines in place for staff to follow that said when and how each person needed to use medicines.
- Only staff who were trained and assessed as competent administered medicines. Regular competency assessments were carried out to check staff continued to manage people's medicines safely.
- The service applied the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.
- The locality manager told us there had been a renewed focus on learning lessons when mistakes were made, or practice could be improved. The service now kept a 'lessons learned' log and monthly meetings were held which looked at aspects such as safeguarding and accidents and incidents. These meetings were used as an opportunity to reflect on practice and support staff development and service improvements.

Preventing and controlling infection

- The premises were clean and well maintained and smelled fresh.
- Staff received training in infection control and had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- Infection control audits were completed to ensure good standards of cleanliness and hygiene were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their sex, age, religion, race, and disability.
- Detailed assessments were completed before people moved to the services which determined people's support needs and preferences. Information gathered from the assessment was then used to create a person-centred support plan, which was updated as and when people's needs changed.
- This information considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.

Staff skills, knowledge and experience

- People told us staff had the skills knowledge and experience to do their job well. A health professional told us, "I have always found the staff to be welcoming, friendly and professional."
- All new staff completed an induction programme to prepare them for their role. This included reading policies and procedures, completing mandatory training and shadowing experienced staff so they could learn about the people they would be supporting and their job role and responsibilities.
- If staff were new to care or did not hold level 2 or above qualifications in social care they were required to complete the Care Certificate. The Care Certificate represents best practice when inducting new staff into the care sector as provides a set of standards care workers should adhere to in their daily practice.
- Staff confirmed they had received a good quality induction. A new staff member told us, "As part of the induction we did training and shadowing." Another staff member said, "It was pretty good actually, my induction was with a senior; it was helpful they showed me the ins and outs, and then I was put on to do the care certificate."
- The registered manager worked with relevant healthcare professionals to secure specialist training for staff that met people's individual health needs. A health professional told us, "I have given training sessions to staff which have always been received with interest and enthusiasm."
- All observations between staff and people showed staff understood how to support people in line with their needs.
- Staff training was up to date and staff received supervision in line with the provider's policies. However, we found staff had not received their annual appraisal which is used to identify staff needs and goals and support staff learning and development. This was a failing which had been identified at the previous

inspection.

We discussed our findings with the registered manager and was provided with evidence which showed this shortfall had already been identified on the providers improvement plan and action had already been taken to ensure staff appraisals were brought up to date.

Supporting people to eat and drink enough with choice in a balanced diet

- The service supported people to have enough to eat and drink and maintain a healthy balanced diet.
- People's likes, and dislikes were recorded, and staff had a good understanding of people's needs and preferences.
- People were provided with cooked meals but also had access to their own kitchen facilities and were supported with food shopping and to prepare their own meals if this was their choice. A person told us, "The food is very nice. I have a main meal in the evening, but I make myself a sandwich or snacks when I want." Another person said, "The food is wonderful, there are three choices and we can also have a jacket potato if we choose."
- Staff understood people's individual dietary requirements, and how to support people to eat in a safe way, for example if they were at risk of choking or had allergies. One staff member said, "[Name of person] is allergic to eggs and [Name of person] has a non-dairy diet."

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

- The design of the building met people's needs. People lived in self-contained units with private bathroom and kitchen facilities.
- People's individual rooms had been personalised in line with their tastes and preferences. For example, one person just had a new kitchen fitted and they had chosen the design and colour.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had health action plans and hospital passports. These contained information about their individual healthcare needs, and how they communicated should they have needed to go into hospital.
- The service worked closely with other agencies who provided support for people's on-going care needs such as speech and language therapy, GP and district nurse. A health professional told us, "I am satisfied that Dolphin Court is providing a good service to my clients and confident they would ask for support and advice if needed."
- People were supported to attend regular health checks including dentist, optician and hospital appointments.
- Where people had specific health needs, staff had received the necessary training to provide safe and effective support. For example, one person received their nutrition and medicines via a feeding tube [PEG]. All staff had received training and had their competency assessed before providing care and support. We reviewed this person's care and support and found their PEG was being well managed.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where restrictions on people's liberty were in place, we saw appropriate DoLS applications had been made. This ensured people were not deprived of their liberty unlawfully.
- Assessments of people's mental capacity had been completed appropriately. Where people were found to be unable to make a specific decision, for example, about their medicines or finances, best interest decisions had been made in consultation with the relevant people and professionals.
- Staff had received training in the MCA and during the inspection we observed staff applying the principles of the legislation in practice, for example, supporting people to make as many decisions as possible for themselves. One staff member said, "If someone can speak for themselves and make their own decisions then it doesn't apply. However, if they can't you have to find the way for them to have care in their best interest."
- People told us staff supported people to have control over their lives and make their own choices. One person said, "I tell them what I want and they help me how I want them to. I explain what I want, and the staff will do it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind and caring and they were well looked after. Throughout our inspection we observed kind and caring interactions between staff and people. People and staff had formed positive relationships based on trust and respect. Staff spoke with and about people in a kind, compassionate way.
- Each person had an allocated key worker and had protected one to one time with them. This helped people to express their views and be involved in decisions about their care and support.
- When people were not able to communicate verbally staff supported them with various communication methods including using technology and non-verbal communication such as gestures and facial expression to help people express their views and wishes. One person had recently acquired an electronic tablet to help them meet their communication needs. As a result, staff had been booked to attend a training session on how to use the equipment to support the person effectively.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. A staff member explained, "[Name of person] can get embarrassed when the young staff support with personal care. They worry they are old and fat. So, I cover them and talk to them to reassure them. I will look the other way while they clean themselves; I try to put people at ease. I know that's how I would like it; we treat people how you want to be treated." A person told us, "They [staff] are very respectful of my privacy and dignity."
- Staff recognised the importance of not intruding into people's private space. People could use their rooms in private whenever they wished. Staff knocked and waited for permission before going into bedrooms, toilets and bathrooms.
- People's private and confidential information was stored securely, and staff were discreet when discussing private or sensitive information.
- Since our previous inspection, the service had introduced a new model of practice called 'Active Support'. This has been proven to improve the lives of people with learning disabilities. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. We saw this had a positive impact on people's independence in their day to day lives. For example, one person was now able to use the iron themselves.
- The service employed a dedicated 'lifestyle support worker' who took the lead on promoting people's independence. They worked flexibly at the service supporting people to achieve their life goals. Feedback about this staff member was extremely positive. A visitor to the service told us, "[named worker] is an absolute wonder."

- Friends and family were made welcome at the service and could visit whenever they wanted. A person said, "My relative comes in every day to visit me and a friend from the church. We go out and have coffee. They can visit whenever they want."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained good. This meant people's needs were met through good organisation and delivery.

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

- People received responsive care and support that met their individual needs. Each person had a support plan which provided staff with guidance on how their needs and wishes should be met. The support plans included information on people's medical conditions, communication needs, strengths, preferences and the level of support they required.
- The care and support plans had been written in a sensitive and individualised style which evidenced that people and their families or advocate were involved and consulted with.
- Staff knew people well and the level of support each person required. Throughout our inspection we saw numerous examples of staff providing support that matched what was clearly recorded in people's support plans. One staff member explained, "[Name of person] is very attached to their wheelchair and rotunda; they have personal names that mean a lot; they are very specific about where things need to be kept."
- People's care and support plans were kept under review and updated when their needs changed. One person said, "I meet with the manager and I know what is in my care plan."
- People's daily care notes showed people were supported in line with the care and support which had been planned and agreed with them.
- The service supported people to enjoy a range of activities and interests that were meaningful to them. Social inclusion was encouraged and supported.
- People had access to private and public transport and were assisted to access and feel part of their local community. Through fundraising, a mini bus had been purchased plus extra funding for 'Midas training' for staff. Midas (Minibus Driver Awareness Scheme), is a nationally recognised standard for the assessment and training of minibus drivers. This meant staff were trained to support people safely using the mini bus, so people could get out as much as possible. A person told us, "I go to work on a Monday and Friday." Another person said, "[Name of staff member] organises stuff for me to do so I don't get bored."
- Where people identified new activities they would like to try, the service responded positively to requests and made the necessary arrangements. For example, some people had asked to attend a local sports day, so staff support and transport was organised. This event had been enjoyed by people and had a positive impact on their self-esteem.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made accessible to people a range of ways including pictorial, large font or an 'easy read' format if required. Where a person's first language was not 'English' we saw information had been translated

into their mother tongue.

- People's communication needs had been assessed with detailed guidance in place for staff on how to meet those needs. Staff understood how to meet people's communication needs. One staff member said, "[Name of person] is non-verbal but I know they understand sometimes. I have a conversation with them."
- Throughout the inspection we observed staff using words, pictures, objects and body language to effectively meet people's communication needs.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints. A complaints policy was in place with an easy read version to support people's understanding of how to make a complaint.
- At the time of inspection there were no open complaints. We looked at past complaints and saw they had been managed and responded to appropriately. For example, where a person had complained about their meal prepared by an agency chef, the registered manager took action and no longer used this chef.

End of life care and support

- Staff had received training in end of life care, however at the time of the inspection, no-one living at the service was being supported with end of life care.
- If people had particular requirements for their end of life care, staff understood how to uphold their wishes. For example, one person was a Sikh and had specific cultural requirements for their burial. This information was recorded, and staff could provide us with information that reflected what was recorded in the person's care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The culture of the service was positive and aimed at promoting independence to empower people to live full and varied lives.
- The service had a clear set of values, prominently displayed to remind staff to be open, inclusive enabling and courageous in their daily practice. The registered manager monitored staff to ensure they shared these values through one to one discussions, where staff were asked to demonstrate how they applied the organisational values in their daily work.
- The management team were visible in the service and were approachable and accessible. There was an open-door policy and we saw people and staff were able to come and talk to the registered manager and deputy whenever they wanted.
- People were positive about the service and its leadership and were happy with the care and support they received. Staff enjoyed working at the service and felt well supported by the management team.
- The registered manager and provider understood their responsibility under duty of candour. When mistakes were made the service was honest and open about what had happened and provided an account of events and offered apologies to the parties concerned.
- Throughout the inspection we found the staff team including management to be open and transparent in their communication with us and any requests for information were responded to promptly.

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

- The service was managed by the registered manager and deputy manager who shared responsibility for the day to day running of the service. The management team were supported by locality and regional managers who had oversight of the service at provider level. The registered manager told us they felt well supported by the provider.
- Staff, management and the provider understood their roles and responsibilities and there were clear lines of accountability. The service met its regulatory requirements to provide us with statutory notifications as required.
- The service was consistently monitored to ensure safety and quality. Regular audits were completed by the management team and provider to ensure robust oversight of the service at all levels.
- The provider had recently completed their own internal inspection of the service. As a result an improvement plan was in place which the registered manager and deputy were working through with the majority of actions in progress or completed.

- There were systems in place to monitor the experience of people who lived at the service and staff practice was observed on a regular basis to assess staff performance and the quality and safety of care provided.

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

- People had designated keyworkers who met with them regularly to ensure people were happy with the service they were receiving and discuss their care and support needs and preferences.
- Regular resident's meetings were organised and chaired by people who used the service. Staff from the service including the registered manager attended the meetings to ensure people's comments were listened to and actioned. Minutes of the meetings were generated in an 'easy-read' format to ensure accountability.
- Annual satisfaction surveys were sent out to people in a range of formats to support good communication. The results were analysed by the provider who listened and responded to people's feedback to drive improvements.
- Regular staff meetings were organised to ensure staff were involved in the running of the service. Staff feedback was listened to and actioned, for example, where staff had requested additional training in 'ski pads' used for evacuation, this had been organised.

Continuous learning and improving care;

- The provider had their own quality improvement team who shared information on current best practice with managers of services which was then cascaded down to staff.
- To support continuous learning the registered manager completed the same training as staff to keep their knowledge and skills up to date. In addition, they were completing a leadership programme provided through their local authority.
- Monthly management meetings were held to learn from and improve the standard of care provided.
- The service accessed specialist training as opportunities arose to support continuous learning. For example, they had recently accessed sepsis training provided by nurse practitioners.

Working in partnership with others

- The service worked with external stakeholders such as the local authority and clinical commissioning group (CCG) to address concerns within the service and drive improvements.
- The service also worked in partnership with 'The Friends of Dolphin Court' their own charity which provided vital fundraising which had a positive impact on people living at the service. For example, the charity had recently provided funding for a 'beach wheelchair'. This specialist piece of equipment provided a rich sensory experience for a partially sighted wheelchair user who was able to access the beach for the first time and experience the sounds and smells of the seaside first-hand.
- Community links were forged to ensure people were not socially excluded. Plant sales and coffee mornings were organised to ensure people living at the service felt part of their local community.
- The service had also worked with their local secondary school to provide opportunities for work experience for students. This type of partnership working was aimed at raising awareness and tackling the stigma of disability.