

Delight Essential Services UK Limited

# Dolphin Healthcare Services

## Inspection report

Sheldon Community Centre  
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Date of inspection visit:  
29 March 2023

Date of publication:  
03 May 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dolphin Healthcare is a domiciliary care agency registered to provide personal care services to people in their own homes, including children. At the time of our inspection, they were providing care and support to 17 people who receive regulated activity personal care.

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.

Dolphin Healthcare services provide live in 24/7 care. This is where a carer lives in a person's home for a set number of days to provide assessed care.

### People's experience of using this service and what we found

People had care plans in place, however care plans were not always person centred and identifying specific needs of a person. During the inspection the registered manager took on our feedback and reviewed all care plans in place for people.

Systems were in place to safeguard people, staff had good understanding in recognising risks to people and actions they needed to take to safeguard people from abuse. Risk assessments were detailed, and control measures were in place to reduce the risk of harm.

Staff received training to enable them to have the skills and experience to support people with varied healthcare needs. Management was active in reviewing care packages and assessing any additional training required. We saw from records that partnership working with other agencies to meet the health needs of people in place and working well.

The provider had systems in place to record accidents and incidents. Records of lessons learnt were also reviewed and any learning for staff implemented by the management team. Staff members we spoke with understood how to report any incidents and who the appropriate person was to notify. Complaints were recorded by the provider, fully investigated and a response provided.

Staff members we spoke with felt supported by management and found the manager approachable. Staff also commented on the knowledge of the manager and how this helped in their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 20th November 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about medicine management, reporting,

and recording accident and incidents, staff member knowledge and skills to fulfil roles and provide care matching people's needs, lack of auditing and management oversight. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Dolphin Healthcare Services

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

#### Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides live in 24/7 care to 17 people.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22nd March 2023 and ended on 7th April 2023. We visited the locations office on 29th March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the start of the inspection due to commitments of the registered manager and access to records and the registered office, we remotely reviewed documents such as, 5 care plans, policies, audits, and call records, this being 24 hours' after announcing the inspection. An Expert by Experience completed some telephone calls to people and their relatives on 3rd April 2023. We spoke with 2 people and 4 relatives. We visited the office location on 29th March 2023, to speak with the registered manager and we looked at 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including staff training records, policy and procedures and quality assurance records. We spoke with 3 staff members during the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has changed to requires improvement.

### Assessing risk, safety monitoring and management

- Risk assessments and care plans lacked detail around person centred care needs. We did not see evidence this had an impact to people supported but held a risk that information required to support a person would not be known by staff. The providers governance system in place had not identified the lack of information within risk assessments and support plans. The registered manager positively received our feedback and was looking to review all peoples risks assessments and support plans.
- Staff members spoken to had good knowledge and understanding around the risks to people and how to mitigate the impact on to people. One staff member told us, "We have records in place to tell us about risks and if we see new risks, we inform the manager straight away."
- There was a system in place for out of hours where staff members were able to gain advice or raise any concerns around risks identified to people.
- Additional records were in place to record people's health needs such as seizures, incontinence, and fluid charts. Staff spoken to were able to tell us the importance of completing health charts and the impact this could have on a person if they were not in place.

### Systems and processes to safeguard people from the risk of abuse

- Staff members spoken to were able to inform us what safeguarding is and how to ensure people were protected. We also saw the training matrix which confirmed staff had safeguarding training in date. One staff member told us, "I would have no problem raising a concern and trust that the manager would respond".
- Relatives and people, we spoke to told us they felt safe with care provided. One relative told us, "Yes, my relative is safe, and I have no concerns about not being there when the staff arrive." A further relative told us, "No concerns about a no shows it has never happened, so I feel quite confident."
- The provider had a system in place to record and fully investigate complaints raised and plans were put in place to protect people from potential harm.

### Using medicines safely

- Staff were trained in medication administration confirmed competency assessments were in place and completed by the registered manager. One staff member told us, "Medication training was good and makes me confident to complete my role."
- Electronic records were in place to document when medication was administered, this was recorded on an EMAR (Electronic Medicine Administration Record) medication. Each staff member was able to login to an app and complete the appropriate document.
- Medication audits were in place and completed by the registered manager or senior, we saw that where concerns were identified these were recorded and action following these completed.

### Staffing and recruitment

- Staff were recruited safely. Checks were carried out prior to staff being employed by the provider. This included a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where identified we saw current visas for staff in place and a system for the registered manager to oversee dates of visas.
- There were enough staff recruited at the time of inspection to cover the hours of care for people. The registered manager told us, "We keep staffing consistent for people." For people this meant that we saw evidence from records that they had familiar people in their homes and felt comfortable with the care provided.
- The provider had a system of checks prior to taking on new packages of care, this included the matching of staff members and having enough staff.

### Preventing and controlling infection

- Staff members were able to tell us the use of personal protective equipment. One staff member told us, "We have masks, aprons and gloves provided and plenty available."
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The registered manager had a system in place to record incidents and learning from these. The registered manager shared their approach which was to learn as a team when incidents happened. One staff member confirmed, "If an incident has happened, we all come together and discuss."
- We saw the registered manager had an improvement plan in place and this had been developed in response to complaints raised against the service.



# 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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

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

- Thorough assessments of people's needs were carried out by the registered manager. These assessments ensured the provider was assured that they could meet the needs of the person before taking on any new care package. We saw evidence that people and relatives were involved in the care planning process.
- Reviews of people's care needs were undertaken monthly using a system in place which was used by the registered manager or senior.

One relative told us how staff encourage and support their relative. They said, "The staff are amazing getting my relative in and out of the wheelchair, always enough staff. They go the extra mile all the time." We saw that during a challenging time in COVID19, the registered manager actioned and put in place accommodation to ensure staff could care for the same people, also to reduce people's anxiety of staff members not being able to attend. This we saw had a positive impact on the consistency of care to people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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. During this inspection nobody required a Deprivation of liberty to be in place.

- Staff had good knowledge and understanding of the Mental Capacity Act and how this legislation impacted on how they supported people with their day to day living.
- All staff members received Mental Capacity Act training and knew how to encourage and promote people's rights.

Staff support: induction, training, skills, and experience

- Staff told us they feel they receive all the appropriate training to complete their role. One staff member told us about the training they had when started with the provider. They said, "The training was clear, some classroom but most is on the computer."
- Staff had completed the care certificate as part of their induction. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received supervisions, and the registered manager had a system in place to ensure that regular supervision took place. Development opportunities for staff were available and this was discussed as part of

a staff members supervision.

- Staff told us they felt very supported by the registered manager. One staff member told us, "The registered manager has so much knowledge and they share this with the staff team."
- Additional training for staff was in place and competency was checked and observed to ensure that staff had understood and applied their training .

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans provided staff with basic information they needed to support people with eating and drinking. However, more detail was needed to be added to provide clearer guidance for staff. The provider took on our feedback and actioned care plan reviews for people.
- Staff completed food safety training; staff were able to tell us about the people who have eating and drinking needs, however staff only gave basic information of how to support people. . One staff member told us, "We have to cut up food and have guidelines in place to ensure the person can eat safely, we also keep a record of this."

Staff working with other agencies to provide consistent, effective, timely care

- Staff contacted the registered manager when further health care professionals were felt required for people. The registered manger told us how they action referrals to health professionals for further assessment and guidance.
- Partnership working was in place to meet the care needs of the person; this was where 2 or more care agencies worked together. Care plans detailed the responsibilities for staff members to follow.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

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

- The registered manager had systems in place to audit medication records and to ensure medication was delivered in line with people's assessed needs.

Risk assessment and care plan audits were in place, however the system in place did not identify the lack of detail and information we identified during this inspection.

- Medication documentation is recorded on electronic MAR sheets; this works effectively, and any gaps are identified in a timely manner.

- There was a registered manager in post during this inspection, the registered manager is also the registered provider.

- The registered manager knew their responsibilities in reporting any safeguarding concerns and the appropriate people to inform.

- Accidents and incidents were overseen by the registered manager; we saw where an accident or incident had taken place the registered manager took appropriate actions in updating care records and holding team meetings with staff members to discuss.

- The electronic system in place did not always allow the registered manager to identify shortfalls in the completion of peoples' health records. The registered manager took our feedback on the electronic recording system and during the inspection raised the concern to the company who provide the electronic system around areas of improvement required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour by promoting a culture of openness and honesty.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager showed good communication with staff and was actively involved in the care provided to people. The registered manager told us, "I provide care to people and like to work alongside staff."

- One relative told us, "The registered manager is so supportive." One further relative told us how the provider is, "Renting a flat 300 yds away from us for the 4 carers who are here 24/7 / 365.days." This meant that the person had a consistent staff team, also to meet the persons needs of requiring assistance at any time.

- Staff told us the registered manager was very knowledgeable and approachable. One staff member told us, "I love my job and caring for people, happy working here."
- The provider used surveys to gain feedback from people and relatives, we saw feedback gathered was used to improve the service provided.

Working in partnership with others, continuous learning and improving care

- The registered manager worked with ICB and local council, and local community groups.
- The provider who is the registered manager had recently worked with a local authority to ensure an action plan was in place following concerns around quality of care being raised.