

Lancashire County Council

Dolphinlee House Home for Older People

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Dolphinlee House Home for Older People is a residential care home providing care for up to 46 people. At the time of this inspection the service was supporting 25 people. The service provides care for older people and people who may be living with dementia and physical disabilities. The accommodation is provided over 2 floors. There are two units on each floor each with their own communal and dining areas.

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

People told us they felt the service was safe. We found improvements had been made since the last inspection to the management of medicines, identifying risks, the training of staff and to the oversight of the quality and safety of the service.

Medicines were being managed safely and people received them as they had been prescribed by staff who had received appropriate training.

Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people. There were enough staff to adequately support the number of people using the service. Recruitment processes used ensured staff including agency staff were suitable to work with vulnerable people.

Systems were in place to record accidents and incidents. These were consistently monitored to identify any lessons learned, themes or trends. Safeguarding incidents were identified and shared with relevant authorities. People told us they thought the care they received was good and spoke very positively about the staff who supported them.

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. People's care and support had been planned in partnership with them and their relatives where possible.

Documentation used to determine people's capacity to make certain decisions and establish consent was not consistently completed accurately. We have made a recommendation about this.

Training records demonstrated appropriate and relevant training was completed. Referrals were made to other healthcare services where necessary. People told us they enjoyed the food and their dietary needs were being met.

There were improved, communications, systems and processes used to ensure regular oversight of the safety and quality of the service. The provider, registered manager and staff had worked hard to improve people's experiences and to address shortfalls found at the last inspection driving improvements at the home.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 16 September 2022)

Where there were breaches of regulation and we issued the provider with a notice to improve the safety and quality of the service. The provider also completed an action plan to tell us what they would do and by when to improve the training staff received.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dolphinlee House Home for Older People on our website at www.cqc.org.uk.

Recommendations

We recommend the provider ensures documentation used to establish people's capacity to make decisions is completed accurately and consistently.

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 safe findings below.

Good ●

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 ●

Dolphinlee House Home for Older People

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a medicines inspector, and an 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

Dolphinlee House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The first day of this inspection was unannounced.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and a relative about their experience of the care provided. We spoke with 6 members of staff including the registered manager, one of the provider's senior operations managers, the activity coordinator and 3 care workers. We reviewed a range of records. These included 6 people's care records including medication records. We looked at information in relation to the recruitment and supervision of staff. A variety of records relating to the management of the service, including some policies and procedures.

After the inspection

We continued to seek clarification from the registered manager 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection in July 2022 the provider had failed to safely manage medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as they had been prescribed.
- The provider had improved medication recording to ensure when medicines are refused this was regularly monitored and actions taken accordingly. This included the need and use of laxatives.
- People who required timely medicines records showed these were administered appropriately.
- Some people were prescribed medicines on an as and when required basis, often known as PRN. We saw protocols were in place to guide staff about when these medicines were required.
- Staff told us they received training in the safe administration of medicines and their competencies were assessed regularly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's needs had been identified, assessed and appropriate plans were in place informing staff on how to manage those risks.
- The provider had systems in place to record accidents and incidents. We saw action had been taken to appropriately deal with them.
- The registered manager consistently monitored accidents and incidents to identify lessons learned, themes or trends and shared any learning with the staff team.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.

- People and their relatives told us they felt the service was safe. One person said, "Yes I feel very safe, the staff are with you all the while, you just have to press your bell and they are there."
- Staff told us they were comfortable raising any concerns with the registered manager.
- The registered manager reported any concerns to the local authority safeguarding team in line with their guidance.

Staffing and recruitment

- Staff employed had been checked to ensure they were suitable for their role.
- The provider ensured staffing levels remained consistent with the use of regular agency staff.
- The registered manager continually assessed staffing levels to ensure there were enough staff available to support people. One person said, "I am certainly well looked after, so I think there are enough staff." Another person said, "Some days there isn't quite so many staff on shift but it doesn't affect my care." Staff told us they thought there were enough staff to care for people.

Preventing and controlling infection

- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

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 inspection of this service in March 2019 we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff were suitably qualified for their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider had improved systems to ensure staff were suitably qualified for their roles.
- Staff told us and records seen showed they completed a range of training to give them the skills and knowledge to provide people's support. One care worker told us, "We've done a lot more training and refreshed a lot too."
- People told us they thought staff were adequately trained. One person told us, "The staff know about my condition and how to deal with it." Another person said of the staff, "They are well trained."

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 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider's documentation used by staff to assess people's capacity and their ability to make certain decisions was not always completed correctly.

We have made a recommendation the provider ensures documentation used to establish people's capacity to make decisions is completed accurately and consistently.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People and their relatives were regularly involved, consulted with and had agreed with the level of care and treatment provided.

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

- People's needs were assessed by the registered manager and a team of social workers before agreeing to provide their care.
- People were involved in developing their care and support plans. One person told us, "I was asked when I came in as to what I need and now they [care workers] don't need to ask as they know me."
- The registered manager referred to current legislation, standards and best practice to achieve effective outcomes.

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

- People's nutritional and hydration needs were being met. One person told us, "I think the food is excellent. It's always hot and good."
- Staff provided the level of support to people who needed it to eat. A relative said, "There are choices at each meal and if people don't like it they can have something else."
- People had been referred to other services where concerns with eating had been noted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services such as occupational health and physiotherapy.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. One person told us, "They [care workers] call the doctor if they are concerned about me."

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 requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure governance systems were robust and systems or processes were not established effectively to ensure compliance. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider and registered manager had made improvements to systems and processes used in the home to ensure compliance.
- Various audits to monitor the oversight of the safety and quality of the service had been undertaken and these were effective in identifying any concerns.
- Staff told us they had recognised improvements in the service which included their training. One care worker told us, "There have definitely been improvements especially in communications, recording systems and we've had more training."

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 and staff understood their responsibilities in share information with relevant parties, when appropriate.
- People's relatives and or relevant others including us and the local authority safeguarding team had been informed of any significant events

Working in partnership with others; Continuous learning and improving care;

- The staff continuously monitored people's clinical needs and where relevant, engaged with the support of external professionals. People we spoke with confirmed their health needs were met. One person told us, "I felt unwell and they [care workers] got the district nurse to visit."
- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals to ensure people's needs were met.
- The provider took action following our last inspection to implement changes to improve the safety and

quality of the care provided by acting on recommendations we made.

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 provider had systems to gather the views of people and relatives. People using the service and their relatives felt their contributions were respected. One person said, "They always listen to you and try and do what you want."
- Feedback from staff was very positive about the leadership and management. Staff told us they were confident they could make suggestions to the registered manager and felt listened to.