

Roseberry Care Centres (England) Ltd

# Dolphin View Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dolphin View Care Home is registered to provide accommodation, nursing and personal care to a maximum of 35 older people, including people who live with dementia. The service was across two floors, with a range of communal and outdoor space. At the time of the inspection, there were 27 people living at the home.

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

People were not always kept safe because not all risk assessments were in place or up to date. Some observations, key to ensuring people remained safe, had not always been recorded. Staff demonstrated a good understanding of the risks people faced and how to reduce them.

Governance and audit systems and processes were not always effective in identified areas for improvement. When actions were identified they had not always been completed.

Lessons learned and updates to staff were not always shared effectively or consistently. Opportunities for practice improvement had therefore been missed. Delegation of responsibilities to staff and empowering them through specific responsibilities, such as champion roles, had not yet happened. We have made a recommendation about this.

Medicines administration and the storage of medicines had improved.

The culture had not always been open, with multiple staff experiencing a lack of support under the previous registered manager. At the time of inspection the new home manager had made a positive impact on the culture. They were more open, accessible and supportive. People, relatives, staff and external professionals all commented on this improvement in the culture. The provider planned to move the manager's office from the entrance to the building into a room inside the care setting. They committed to continuing these cultural improvements by supporting the new manager with sufficient supernumerary time to gain oversight of the service and make the necessary improvements.

Staffing levels had improved since our last inspection. The provider was less reliant on agency staff and sickness levels had reduced. Staff morale had improved in the time the home manager had been at the service. Staff needed more support and upskilling from the provider. We have made a recommendation about this.

Staff worked well with a range of external health and social care professionals to ensure people got the right care and treatment. Clinicians had confidence in the ability and knowledge of staff, although recognised communication was an area to improve.

Care planning was not as person-centred as it needed to be and information was at times difficult to locate and to read. The provider recognised this and was prioritising a review of care planning information, as well

as bringing forward the rollout of an electronic care records system. We have made a recommendation about this.

Activities had improved recently and there was a range of positive feedback in this area. The service had made some positive initial links with local organisations and groups.

People were supported to have maximum choice and control of their lives and to live in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice. Where improvements were required to practice, the home manager and supporting manager were responsive.

People felt safe and supported. Staff regularly checked on people's wellbeing and call bells were answered promptly. Relatives had confidence in the ability of staff to safely look after their loved ones.

The environment was clean and well maintained. There was a refurbishment plan in place to ensure the dining room and other areas were improved in early 2024.

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 and update

The last rating for this service was requires improvement (published 6 April 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made, however further issues found, meant the provider was still in breach of regulation 17 good governance. They were also found to be in breach of regulation 12 regarding risk assessments.

At our last inspection we recommended that staffing levels be kept under review, that systems were in place to provide activities and that people were promoted to be involved in daily decision making. At this inspection we found recommendations had been addressed and there were improvements in staffing and activities.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, responsive 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 remains requires improvement based on the findings of this inspection. This service has been rated requires improvement for the last three consecutive inspections. We have met with the provider to discuss this and to encourage improvement at the next inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dolphin View Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

### Enforcement and Recommendations

We have identified a breach of regulations in relation to safe care and treatment, and good governance. We have made recommendations regarding the provider's approach to lessons learned, the detail in care planning, and their use of champions.

### Follow up

We have requested regular updates from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dolphin View Care Home

## 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 Act.

#### Inspection team

The inspection was carried out by 2 inspectors 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

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

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 no registered manager in post. The home manager was planning to apply to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. 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 of this information to plan our inspection.

During the inspection

We spoke with 7 people, 10 relatives and 7 staff, including the home manager, supporting manager and care staff. We contacted 5 external professionals via telephone and email.

We observed interactions between staff and people, including at lunchtime. We reviewed a range of records. This included 4 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, investigations, training records.

# 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 has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Risk assessments were not always fit for purpose, for instance lacking person-centred information to enable staff to fully support people and reduce risks. Some risk assessments were lacking altogether, for instance in relation to diabetes management. Some necessary observational checks, to ensure people's safety, had not always taken place. The provider took immediate action to address this.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most core safety information had been recorded (for instance, positional changes, fluid intake), although these were not always easily accessible or updated in a timely fashion. These records were stored in a cabinet away from people's rooms, making updates difficult. The manager addressed this during the inspection.
- Learning had not always been shared appropriately or embedded after incidents. The provider had taken immediate steps to make people safe but did not have effective formal debrief/reflection processes in place to ensure staff were supported if a mistake was made, and broader lessons could be learned.

We recommend the provider reviews their lessons learned approach.

- Staff had received safeguarding training and the provider had appropriate policies in place. Where training completion fell below the provider's targets in this area, action was taken. Staff knew how to raise concerns and acted to keep people safe.
- People were comfortable around staff and told us they kept them safe. Relatives had confidence in staff. One said, "Dad is safe here. He's got alarm buttons in his room, and they (staff) know where he is. They know what his needs are." Another said, "Mum's safe. I'm happy with her care and attention also the home is secure. If I was worried, I would speak to any member of the staff. They're all very good."
- The provider had begun a range of refurbishments to improve the service. Progress was so far slow, but the provider provided and planned timetable of works and committed to engaging people and relatives throughout the process. The laundry and kitchen were well maintained and clean.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. 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 in relation to medicines.

- Medicines administration and storage had improved. The provider had relocated the medicines storage room to allow for more space. This was an improvement. The home manager regularly audited medicines administration and took action if standards were not maintained. A sample of some aspects of medicines administration records demonstrated the home manager understood good practice and ensured it was implemented.

#### Staffing and recruitment

- Staffing levels were safe. The majority of relatives we spoke with felt there were sufficient staff when they visited. One said, "There are enough staff. There's always staff around if I should need anything." We observed staff responding to call bells promptly and the lunchtime experience was calm, with appropriate staffing levels.
- Staff were recruited safely. There were a range of pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people. The provider had reduced its reliance on agency staff recently and sickness levels were low, meaning people received a better continuity of care.

#### Preventing and controlling infection

- The provider was keeping people safe from the risk of infection.
- People were able to receive visitors and leave the service line with current guidance.
- The provider was promoting safety through the layout and hygiene practices of the premises. However on day one of the inspection we needed to remind the provider that staff should be bare below elbow.

#### 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.

- The provider had ensured DoLS applications had been made where relevant. We found one instance of a best interest decision being made without the involvement of the appropriate people. The provider rectified this during the inspection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care files contained varying levels of information. Records were not always updated promptly. They contained gaps and did not always contain enough useful person-centred information. Where this information was included, it was at times difficult to locate, and some handwritten records were difficult to read.

We recommend the provider reviews the content and accessibility of care plans.

- The provider committed to reviewing care plan content as part of their move from paper to electronic records. They recognised the areas for improvement and were responsive to feedback.
- Activities planning and delivery had improved. The activities coordinator was passionate about their role and organised a range of activities for people to take part in, including games and exercises, Halloween and Christmas parties. They had also developed good local links and had plans in place for spring. One relative said, "She likes singing and dancing arts and crafts and gets her nails painted. There was a pantomime for the residents it was an amateur dramatics group. They were very good."
- Care and auxiliary staff engaged well with people, alongside completing their tasks. One relative said, "The person who does the laundry comes and has a chat with her. It really makes her feel at home."
- Some people chose to spend the majority of time in their rooms. Staff recognised the importance of socialisation and encouraged people to take part. They also supported people with one-on-one activities when they had time. One relative said, "The activities worker is excellent. They took him for a walk round the block. He likes the garden and watching the birds. He plays dominoes with other residents. He does word searches too."

Improving care quality in response to complaints or concerns

- The provider had responded to concerns or complaints, as well as compliments. All relatives we spoke with were comfortable raising any issues and had confidence, particularly under the new management, that these would be addressed.

End of life care and support

- The home was not providing end of life support to anyone at the time of the inspection. They had planned to develop a palliative care suite, whereby relatives could stay with their loved ones at the end of their lives. This plan had not progressed at the time of inspection.
- Documentation such as DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions were in place and people's end of life wishes, for instance funeral plans.

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met; their care records contained information about their communication needs and preferences.
- The home manager had improved some signage and access to information and there were plans in place to improve signage further.

# 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 remains requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits of care files had not always been actioned, even when they identified the need for urgent updates to records. The issues we identified with risk assessments (and lack of) could and should have reasonably been identified by the auditing procedures in place. The general standard of care plans had not been highlighted in audits.
- Staff had not been supported to reflect on their roles and any areas of learning or experience they needed to develop. The previous registered manager had not held staff supervisions regularly for over a year and the new home manager had yet had time to hold these meetings.

Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their immediate caring responsibilities but had not been involved in the direction of the service and how it was run.
- The provider had not always enabled opportunities for improvement to be identified or sought out. There were a limited number of champions in place but their roles were unclear. The new manager recognised the value in champions and delegating responsibilities, and had plans to do this in the coming months.

We recommend the provider reviews its use of champions.

- Policies were in place for core areas such as safeguarding, medication and falls. The provider had in place a range of oversight measures but these had not been effective in identifying and addressing cultural concerns at the service in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service, relatives, and staff had not always been fully involved in how the service was run. There was a consensus of opinion from staff that the previous registered manager was not available or approachable. The provider recognised this, and the new home manager had already planned residents' meetings.
- Staff interacted respectfully and warmly with people at all times. They demonstrated the dignity and

respect the provider committed to providing, even if at times people and their families were not "in full control" of their care, as the provider's website states.

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 manager demonstrated a good understanding of what incidents had to be notified to CQC, and had done so. They were open with family members when people suffered falls or other incidents. Feedback from families was extremely positive about the impact of the new manager, and their approach.
- The provider was responsive to feedback and committed to undertaking refresher training with all relevant staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives provided positive feedback about the new leadership of the service and how they led by example. One relative said, "I like the new manager and the staff have told me that they like her too. She's a good listener and will ask if we have a problem and she's level-headed. Virtually every day we visit the manager's door is always open." One staff member said, "The change is really noticeable since [home manager] took over. I used to come to work anxious but it's much more supportive now."
- Staff were passionate about supporting people and wanted the service to improve. There was a core staff team, a reduction in agency reliance and a reduction in sickness levels recently. The atmosphere and morale was improved. One external professional told us, "I feel that the new management at Dolphin View is having a very positive effect upon staff, residents and relatives alike. The home appears to be much calmer with a more patient focused approach than previously."
- The nominated individual and other staff with responsibility for governance and quality assurance had reflected on what they could have done differently previously to improve the culture and leadership of the service. They committed to seeking external support and to updating CQC on progress at regular intervals.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk assessments were not always sufficient or fit for purpose. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service.  This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.