

Dolphin Care (IOW) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Dolphin Care is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to 20 older adults for a total of 138 hours per week. Each person received a variety of care hours, depending on their level of need. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where this is provided, we also take into account any wider social care provided.

The inspection was conducted between 20 December 2017 and 5 January 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key staff members would be available.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also a director of the provider's company.

At our last comprehensive inspection, in March 2017, we identified breaches of Regulations 9, 12, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure: that people's individual needs and preferences were assessed; that individual risks to people were managed effectively; that people's medicines were managed safely; that people were protected from the risk of abuse; that sufficient staff were deployed; that robust recruitment processes were in place; that records relating to people's care and the effective running of the service were complete and accurate; and that effective systems were in place to assess, monitor and improve the service.

We issued warning notices to the provider in respect of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, requiring them to become compliant with the regulations by 5 May 2017 and 26 May 2017 respectively. We issued requirement notices to the provider in respect of Regulations 9, 13, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this, the provider sent us an action plan detailing the action they would take to become compliant with the regulations. At this inspection, we found action had been taken and there were no longer any breaches of regulation.

Following our inspection in March 2017, the service was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Although we did not identify any breaches of regulation at this inspection, we found further improvement

was still required.

The provider had developed their quality assurance processes. However, these needed time to become fully embedded in practice. The provider used a range of methods to seek feedback from people. However, issues raised were not always addressed effectively.

Where people needed assistance to take their medicines, these were managed and administered safely. However, more robust systems were being implemented to ensure staff always received appropriate training before administering medicines to people.

Staff took appropriate action to protect people from the risk of infection. Some staff had not received infection control training, although this was being scheduled.

The provider was aware of some risks posed to staff, but had not completed individual risk assessments for staff, as required by their lone working policy. Therefore, they may not have been aware of factors that might have affected the safety of individual staff members.

Appropriate recruitment procedures were in place to help ensure that only suitable staff were employed. Staffing levels were based on people's needs and there were enough staff available to attend all care visits.

Risk assessments had been completed for all identified risks posed to people using the service, together with action staff needed to take to reduce the risks. Staff understood their safeguarding responsibilities and knew how to identify, prevent and report allegations of abuse.

Staff encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences, although most meals were planned and prepared by people or their relatives.

With the exception of infection control training, staff had completed suitable training to equip them for their role. They demonstrated an understanding of the training they had received and were appropriately supported by managers.

Staff followed legislation designed to protect people's rights. They sought consent before providing care and acted in people's best interests. They also supported people to access healthcare services when needed.

People told us they looked forward to their visits from Dolphin Care and said their needs were met in a caring and compassionate way. They had a team of regular staff with whom they had built positive relationships.

Staff protected people's privacy and respected their dignity. They promoted independence and involved people in decisions about their care.

Assessments of people's care needs had been completed and detailed care plans had been developed. These supported staff to provide personal care in a consistent and individualised way.

Staff were flexible and responded promptly when people's needs changed. They were able to accommodate the varying level of support people needed at each visit. Staff supported people at the end of their lives to help ensure they experienced a comfortable and pain free death.

There was a complaints procedure in place. People knew how to raise a complaint. All complaints were recorded and dealt with promptly.

Records relating to the management of the service were organised. There was an open and transparent culture. The registered manager was aware of the need to promote equality and inclusion within the workforce.

## 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.

People received their medicines as prescribed. More robust systems were being implemented to ensure staff received appropriate training before administering medicines to people.

Staff took appropriate action to protect people from the risk of infection. Some staff had not received infection control training, although this was being scheduled.

Appropriate recruiting procedures were followed, although we identified a gap in one staff member's employment history.

There were enough staff deployed to attend all calls. Individual risks to people and risks posed by the environment were managed effectively.

Staff understood their safeguarding responsibilities. They knew how to identify, prevent and report incidents of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider had not followed their lone worker policy as they had not assessed the risks posed to each staff member.

Staff encouraged people to maintain a healthy, balanced diet. They monitored people's health and supported them to access healthcare services when needed.

People described staff as competent and were satisfied with the care and support they received. Most staff received appropriate induction, training and support.

Staff followed legislation designed to protect people's rights. They sought consent before providing care and acted in the best interests of people.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

Staff supported people in a caring and compassionate way. They knew people well and built positive relationships with them.

Staff supported people in accordance with their social and cultural beliefs. They protected people's privacy and treated them with respect.

People were encouraged to remain as independent as possible and were involved in planning the care and support they received.

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

**Good** ●

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were detailed and reviewed regularly.

Staff were flexible and responded promptly when people's needs changed. People were empowered to make choices.

Staff supported people to receive compassionate end of life care.

People knew how to raise a complaint. All complaints were recorded and dealt with promptly.

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

**Requires Improvement** ●

The service was not always well-led.

Significant improvements had been made to the quality assurance systems since our last comprehensive inspection. However, time was needed for these to become fully embedded in practice.

People told us the service was organised well. The provider sought and responded to feedback from people. However, we found this was not always effective.

Records relating to the management of the service were organised. There was an open and transparent culture.

# Dolphin Care (IOW) Limited

## Detailed findings

### Background to this inspection

The inspection was announced and was conducted by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 20 December 2017 and ended on 5 January 2018. It included home visits to people using the service; telephone conversations with people using the service and/or their relatives; interviews and telephone conversations with staff. We visited the office location on 20 and 21 December 2017 to see the registered manager and the deputy manager; and to review care records, policies and procedures.

Before the inspection we reviewed information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who used the service and two relatives by telephone. We visited and spoke with two people and their family members in their homes. We spoke with the registered manager (who was also a director of the provider's company), the deputy manager and four care workers. We looked at care records for seven people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we received feedback from the local authority's commissioning team and from a social care consultant with the Clinical Commissioning Group.

# Is the service safe?

## Our findings

At our last comprehensive inspection, in March 2017, we identified breaches of Regulations 12, 13, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that risks to people were managed effectively; that medicines were managed safely; that incidents of abuse were reported and investigated; that there were sufficient staff deployed; and that appropriate recruitment procedures were followed. At this inspection, we found action had been taken and there were no longer breaches of these regulations. However, some further improvement was still needed.

Where people required assistance to take their medicines, these were managed and administered safely. A family member told us, "Medicines management works well between [my relative] and staff." Another family member said, "They [staff] look after all [my relative's] medicines and he always seems to get them." Records of medicine administrations were fully completed and confirmed that people had received their medicines as prescribed. Since the last comprehensive inspection, the provider had put new measures in place to help ensure that any homely remedies they supported people to use were safe and would not interact adversely with any prescribed medicines.

Whilst all current staff had completed medicines training and had been assessed as competent to administer medicines, the deputy manager acknowledged that the process needed "tightening up". They said there had been times in the recent past when staff had started administering medicines before they had completed their medicines training, which could put people at risk. They assured us this would not happen in the future. Three staff members had received additional training from a community nurse to give one person an injection every two weeks. When we spoke with staff about this, they were clear about how to do this safely and the precautions they had to take to minimise the risk of harm to the person.

There were appropriate systems in place to protect people by the prevention and control of infection. Although some staff had not received training in infection control, we saw practical guidance about this was included in the staff handbook. In addition, we observed staff followed safe practices, such as wearing disposable gloves and aprons when needed and carried anti-bacterial hand gel which they used appropriately. We discussed infection control training with the registered manager, who told us they intended to schedule this in the following four weeks.

Appropriate recruitment procedures were in place to help ensure that only suitable staff were employed. Most staff files included full employment histories and records of interviews held with applicants, together with Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. We noted that one person's employment history contained a gap, which the registered manager was able to explain verbally, but had not been recorded in writing. They assured us they would take care to record any gaps in future. References had been sought from relevant people, including previous employers, to check applicants were of good character. Staff confirmed these procedures were followed before they started work at the service

There were sufficient numbers of staff available to attend all calls. Staffing levels were determined by the

number of people using the service and their needs. The deputy manager produced a schedule every week, showing the times people required their visits and the staff that were allocated to them. Time was built into the schedule to allow staff to travel between calls. People were aware that there was a half hour leeway in the time of each visit, but told us staff were "very reliable" and telephoned ahead on the rare occasions that there were any delays.

Individual risks to people were managed effectively. Risk assessments had been completed for all identified risks, together with action staff needed to take to reduce the risks. For example, some people were at risk of developing pressure injuries and staff took positive action to minimise this risk and monitor the condition of people's skin. Other people were at risk of falling and we heard staff encouraging them to use their walking aids safely. One person who was at risk of falling told us, "I have a shower, they [staff] watch me get in as that can be a little tricky, then they wait in the kitchen. Knowing they're there is extremely helpful as I've had a couple of falls and am frightened I might fall again."

The registered manager monitored the incidence of falls across the service to identify any trends or themes. No trends had been identified, as any incidents had been due to individual factors relating to that person and their home. However, they were able to describe the action they would take if any themes were identified.

Environmental risks within people's homes were also assessed. One person told us "I have a bath every morning and [staff] even use a thermometer to check it's not too hot." A rug in another person's home had been identified as a trip hazard and this had been removed with the agreement of the person.

People benefited from a service where staff understood their safeguarding responsibilities. One person said, "I feel safe and trust staff completely." Another person told us, "Nothing worries me. Staff are very trustworthy. I feel very, very safe with them." Staff had received safeguarding training and were knowledgeable about the signs of potential abuse and the relevant reporting procedures. One staff member told us, "I've not come across any abuse, but if I did, I'd report it to [one of the managers]." The registered manager provided examples of allegations of abuse that they had reported and investigated, together with records showing they had worked closely with the local authority to safeguard people from harm. The provider had a policy about gifts and we saw a staff member followed this when they received a small Christmas gift during the course of the inspection.

## Is the service effective?

### Our findings

At our last comprehensive inspection, in March 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that records of people's dietary needs were maintained; and they had failed to ensure that risks relating to the safety of staff were managed effectively. At this inspection, we found action had been taken and there was no longer a breach of this regulation. However, some further improvement was still needed.

The registered manager was aware of health concerns relating to some staff members and had made adjustments to help ensure their safety at work; for example, one staff member did not work late due to a medical condition. However, the provider had not fully complied with their lone worker policy as individual risk assessments had not been completed for all staff members. Therefore, the provider may not have been aware of factors that might have affected the safety of individual staff members. In addition, although risks relating to the internal environment people's homes had been assessed, assessments of the risks relating to the external environment had not been completed. Therefore, hazards posed to staff by the approach route, a lack of street lighting, uneven paths or other trip hazards had not been considered. These risks were mitigated by staff carrying torches and personal alarms and being introduced to each new location during daylight hours. However, the registered manager acknowledged that this was an area for further improvement.

Risks relating to the way one person behaved towards staff had been assessed since our last comprehensive inspection and a clear action plan had been put in place to protect staff. In addition, the deputy manager had spoken with the person about their behaviour. As a result, staff told us they were no longer concerned for their personal safety when visiting this person.

Most people's meals were planned and prepared by family members. Where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. Where people had special dietary needs, such as a soft diet, the need for this was recorded in their care plan and people confirmed they received their meals in an appropriate form.

People and their relatives praised the quality of service delivered by staff, consistently describing staff as "good", "competent" and "sound". Other comments about staff included: "We see most of [the staff] and they all know what they are doing. There's nothing that could be done better"; "They seem to understand my illness. What they are doing [to support me] is wonderful. They are tip-top carers"; and "[The registered manager] has been very supportive, especially in getting [my relative] mobile. Through her and her determination, [my relative] has rallied".

Staff completed an induction programme to help ensure they had the required knowledge and skills to meet people's needs. This included office-based training followed by 'shadowing' where they worked alongside experienced care staff until they felt confident and competent to work unsupervised. In addition to subjects which the provider considered to be mandatory, such as moving and handling, safeguarding and health and safety, experienced staff also received training which was relevant to the individual needs of the people they

supported. For example, they were about to undertake training in dementia, Parkinson's disease and diabetes.

The 'shadowing' system was also used when staff were introduced to people they had not supported before. They visited the person with the usual care worker to be introduced and to be shown directly how the person liked to be supported. This helped ensure continuity of care and gave people confidence in the ability of staff to meet their needs.

Arrangements were in place for staff who were new to care to complete training that met the standards of the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. In addition, staff were supported to gain vocational qualifications relevant to their role.

Staff demonstrated an understanding of the training they had received and how to apply it in practice. For example, they explained how they supported people with catheter care and monitored the output from catheters. A staff member told us, "We look at the colour, smell, the amount and whether the person is in any pain. If we have any concerns, we inform [the person's relative] and if needed contact a GP."

Staff were supported in their roles by colleagues and managers. There were records of individual formal supervisions with a manager. Supervision is a process where members of staff meet with a supervisor to discuss their performance, training and development needs. Staff received regular supervision from the registered manager and deputy manager. In addition, staff who had worked at the service for more than a year had received annual appraisals to discuss their performance. One staff member told us, "I feel appreciated, [by the registered manager], very much." Another staff member said, "I wasn't feeling appreciated, but it's a lot better now."

People's rights were protected in accordance with the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people had capacity to consent to the care and support they received, they had signed their care plans to indicate their agreement with it. Where they were unable to do this, family members who a Lasting Power of Attorney (LPA) in place had signed consent forms on behalf of the person. An LPA is a legal authority that allows an appointed person to make decisions on behalf of another when the person lacks capacity. Staff were clear about the need to seek consent from people before providing care and we heard them doing this during the inspection. A family member told us, "[Staff] always check with [my relative] by asking what she wants."

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors and community nurses. The registered manager described how that had worked with community nurses to support one person by arranging for a staff member to be present when the nurse called. This had helped both the person and the nurse. Where requested, staff also supported people by accompanying them to medical appointments. Care records demonstrated that staff shared information effectively with professionals and involved them appropriately.

# Is the service caring?

## Our findings

People told us they looked forward to their visits from Dolphin Care staff and said their needs were met in a caring and compassionate way. One person told us, "All the [staff] are lovely and patient." A family member said, "[Staff] make [my relative] feel at ease. They have developed a good rapport with her; she gets on with all of them." Another family member said, "[Staff] are very, very good with [my relative], even when he has a bad day."

People said they had a team of regular staff with whom they had built positive relationships. One person praised a particular staff member and said, "She is always cheerful, always very respectful. If I ask her to do anything, she does it with a smile. She's very amenable. The others are okay too, all of them. They have become like friends." Another person said, "They always stay longer than they are supposed to; they're wonderful." A family member told us, "I've never had any problems with any of the staff. They stay over [the allotted time] to chat with [my relative]. It's like a little family."

Staff recognised the importance of supporting people to maintain contact with friends and family. For example, they supported one person to attend a large family party. A family member told us afterwards, "The encouragement and support we received from [the registered manager] gave us the confidence to go ahead with the party. It was a surprise party and they [staff] got [my relative] dressed up and out in the garden. She had a good day. It was an example of psychological care as well as physical care."

Staff supported people in a person centred way, ensuring that their individual social and cultural beliefs were respected. For example, the registered manager told us how they had followed a particular ritual after the death of a spiritual person, in accordance with the person's beliefs.

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. They described the practical steps they took to protect people's privacy and dignity, including closing doors and keeping people covered as much as possible. One person told us, "I never thought I'd agree to someone else giving me a bath, but they [staff] do it so well and respect my privacy. I'm extremely happy with them." Another person said, "I receive a great deal of care and respect from staff." People could request a change of staff if they did not feel comfortable with a particular staff member. One person told us, "I prefer female carers and that's what I have now."

People were encouraged to be as independent as possible within their abilities and staff expressed a commitment to promoting independence. One person told us, "They [staff] know exactly what I can and can't do. They do exactly what I ask them to do to give me [the right level of support]." A staff member told us, "I always give people choice and promote independence and encourage them to do things for themselves. Sometimes a little bit of tough love is needed, but not in a nasty way, just to help them keep using what they've got." Another staff member said, "I say to people, we don't want to take over, we just want to make sure you're safe."

People and relevant family members were involved in planning and agreeing the care and support they

received. This started with an initial assessment of the person's needs and developed over time as people's needs changed. A family member told us, "[My relative] is involved in everything. Nothing happens without her agreement." Records confirmed that people were also involved in reviews of their care and in discussing any changes they wished to make, including to the length and times of their support visits.

## Is the service responsive?

### Our findings

At our last comprehensive inspection, in March 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure that assessments of people's needs and preferences were completed. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

Assessments of people's care needs were completed by one of the managers, who then developed a suitable plan of care. The care plans we viewed provided detailed information to enable staff to provide appropriate personal care in a consistent and individualised way. They included clear directions to staff, for example about how the person preferred to be washed and how they liked to be supported to dress. When we spoke with staff, they demonstrated a good understanding of the care plans and people confirmed their needs and preferences were met. A staff member told us, "The care plans are very in depth now, they're brilliant; and we have time to read them."

Comments from people about the way staff supported them included: "They wash my hair and my back. They are very good at it and do it the way I want"; "They have got used to what I like and how I like things done. They never do things just because it's easier for them; and "They do everything I ask and do it jolly well." A family member echoed these comments and added, "They [staff] go at [my relative's] pace. They don't hurry him. They understand that it takes him longer in the morning to get ready [due to a medical condition], and they come later on shower days to give his medicines time to work."

Records of the care provided had improved significantly since our last comprehensive inspection. They were now more detailed and confirmed that people had received care and support in line with their assessed needs.

Care plans were reviewed regularly and whenever people's needs changed. The person was consulted as part of this process and invited to identify any changes they wished to make. During a recent review, one person had asked for more support, and we saw their visits had been extended as a result.

Staff were flexible and responded promptly when people's needs changed. They recognised that some people's mobility or cognitive ability varied from day to day, for example if they had had a restless night, and were able to accommodate the level of support the person needed at each visit. One person told us, "The other day, when I was not feeling too good, they [staff] said, 'Would you rather not have a bath today?' and they gave me a good wash instead, which suited me. They are very flexible." Another person, whose mobility had recently improved significantly, told us, "Physio[therapy] go me up to a certain standard and then they handed me over to [the registered manager]. She is very good and I've come a long way with her support." A family member told us, "If we have a hospital appointment, the [staff] come early. They are very flexible."

Staff promoted choice and respected people's independence by empowering them to make as many of their own decisions as possible. One person told us, "They [staff] listen to me. Today, I didn't need a shave, so I didn't have one." A family member told us, "[My relative] will tell [staff] if they want to do their exercise

and [staff] respect her choice." Another family member said, "[My relative] knows what he likes and what he doesn't and he tells them what to do."

Staff supported people at the end of their lives. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. Some staff had received training in end of life care and we saw further training, by a local hospice, was scheduled. A thank you note written by a family member to the registered manager, about the end of life care their relative received, stated: "Your help, especially towards the end, was so special. We would really like to thank you all." The registered manager described how they remained with one person, who did not have any family, as they did not want the person to be alone at the end of their life. She then communicated the person's last wishes to a solicitor who was appointed to deal with the person's estate.

People knew how to complain about the service and there was a clear complaints procedure in place. As part of the monthly care plan review process, a manager checked that people were familiar with the complaints procedure and invited them to identify any improvements that could be made. We saw that all complaints had been recorded and dealt with promptly, in accordance with the provider's policy. For example, one person was not happy with the timing of their evening call, so this had been re-scheduled to suit them. Another person did not get on well with their care worker, so the care worker was changed. The person told us, "If there's ever a problem, like if I don't get on with the carer, they change them straight away. I was very pleased with how they resolved it so quickly." Another person said, "Any problems are solved very quickly. They [managers] listen to me and accept what I say."

## Is the service well-led?

### Our findings

At our last comprehensive inspection, in March 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective systems to assess, monitor and improve the service and had failed to ensure that records relating to the running of the service were available and up to date. At this inspection, we found action had been taken and there was no longer a breach of this regulation, but some further improvement was still required.

The provider had accessed support from a consultant working with the Clinical Commissioning Group (CCG) to help develop their quality assurance systems. The systems were based on a range of audits and reviews. They included checks of people's daily records and medicine administration charts; monthly reviews of people's care plans; and regular spot checks of staff. The registered manager told us further audits were planned, including of staff files and staff training. They also acknowledged that the systems needed time to become fully embedded in practice and said, "We need to use the audits for a while before we know if they're working."

The provider sought feedback from people using questionnaire surveys, through regular contact and during monthly reviews of their care. Any feedback was recorded and usually acted on. For example, as a result of feedback, the provider now ensured that someone was always available in the office during working hours to answer calls from people and their relatives. However, feedback from people requesting information about which staff would be visiting them in the coming week had not been addressed effectively. Three people had raised this as a concern during a recent survey conducted by the provider and two people told us the issue had still not been resolved. Staff told us the system relied on them remembering to tell people who would be attending each call, but this was not done consistently. We discussed this with the registered manager who agreed to explore better ways of sharing this information with people.

Following the last comprehensive inspection, the provider had developed an action plan to improve the service the service and help ensure they met the regulations. This had proved effective as we found there had been significant improvement in the service and there were no longer any breaches of regulation. The registered manager was still using the action plan to further enhance the service and help ensure the improvement would be sustained. To make the management team more resilient, the provider was supporting the deputy manager to gain a level five qualification in health and social care.

People told us the service was organised well and praised the quality of care they received. One person said, "[The managers] are very good. Everything is well organised. The whole system runs well." Another person said, "I find the service very good. Most of [the staff] exceed the standards I expect." A family member confirmed this and added, "On the whole, we are happy. I would recommend [Dolphin Care]." Another family member said of Dolphin Care, "They're brilliant. They've been great. I have full confidence in them; it's nice to know they're there." A further family member said, "We want [our relative] to get the service she needs, from people she gets on with, at a price we can afford; and Dolphin Care ticks all those boxes."

Commenting on the spot checks of staff that managers completed, one person told us, "[The deputy

manager] came last week with [the care worker] and noted what she did and how she worked. It's good that they check." A staff member told us, "[One of the managers] popped in on me on a call. They checked I had my ID (identification), my uniform was clean and tidy, that I used the thermometer to check the bath temperature, and used by gloves and apron."

Records relating to the management of the service were better organised than at our last comprehensive inspection. The registered manager had introduced a 'rolling log' of issues brought to their attention. This helped ensure they were monitored and addressed effectively. In addition, a new system had been introduced for staff to book annual leave; this helped manage the number of staff who took leave at any one time. A representative from the local authority commissioning team told us they found the service was organised and "always had the information at hand".

There was an open and transparent culture within the service. The previous inspection ratings were prominently displayed in the provider's office. Most staff described the management as "approachable" and said they were made welcome when they visited the office. Comments from staff included, "We support each other and text each other etc. We are a close-knit team"; "We get on well as a team. Management are approachable and any problems are dealt with"; and "I'm very happy. I love my job. People get to stay in their homes because of us".

The provider was aware of the need to notify CQC of all significant events and there was a duty of candour policy in place to help ensure staff acted in an open and transparent way when people came to harm (though none had). To support communication with staff, the provider had introduced weekly news sheets to update staff with any alterations to the service or changes affecting the people they supported. Staff spoke highly of these and said they helped them keep up to date with people's current needs. A staff member told us, "The service is smaller now. Communication is better and things are more relaxed. We can always get hold of [one of the managers] if we need to."

The registered manager was aware of the need to promote equality and inclusion within the workforce. There were clear policies in relation to equality and diversity and the registered manager illustrated how they had implemented these, for example in relation to gender and sexuality issues.