

Dolphin Care (IOW) Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

What life is like for people using this service:

People were happy being supported by staff from Dolphin Care. They told us their needs were met in a personalised way by staff who were kind and caring. However, we identified significant concerns with the safety and quality of the service.

Managers had not acted promptly when allegations of abuse had been made and this had led to people suffering harm. Recruitment procedures had not been followed to help ensure only suitable staff were employed. Medicines were not always managed safely. Staff had not always completed training that was essential to their role. Governance arrangements and quality assurance systems were not robust. Managers lacked knowledge and understanding of best practice guidance and CQC were not always notified of significant events.

However, people's rights were upheld, they were empowered to make their own choices and decisions and were involved in the development of their personalised care plans.

The service met the characteristics of Good in two areas, Requires improvement in one area and Inadequate in two areas. More information is in the full report.

Rating at last inspection:

The service was rated as requires improvement at the last full comprehensive inspection, the report for which was published on 27 January 2018.

About the service:

Dolphin Care is a domiciliary care agency providing personal care to 14 people in their own homes. It provides a service to older adults. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Action we told the provider to take:

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special measures:

The overall rating for this service is Inadequate and the service is therefore in special measures. This means we will keep the service under review and, if we have not taken immediate action to propose to cancel the provider's registration, we will inspect again within six months to check for significant improvements.

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 safe.	Inadequate ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not well-led.	Inadequate ●

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Dolphin Care is a domiciliary care agency providing personal care to 14 people in their own homes.

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

Notice of inspection:

We gave the provider 48 hours' notice of the inspection site visit because the service is small and we needed to be sure key staff would be available.

What we did:

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we gathered information from:

- Eight people who used the service and two relatives of people who used the service
- The care records of six people

- Records of safeguarding investigations
- Records of accidents, incidents and complaints
- Audits and quality assurance records
- The registered manager, the deputy manager and six members of care staff

Following the inspection, we received feedback from two social care professionals who had regular contact with the service and a member of the local safeguarding team.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to protect people from the risk of abuse:

- Appropriate systems were not in place to protect people from the risk of abuse.
- When allegations of abuse were made by people, staff correctly reported the allegations to managers. However, the managers did not then follow guidance issued by the local safeguarding authority relating to the reporting and handing of allegations of abuse.
- Seven allegations of financial abuse of people using the service were made to Dolphin Care staff between 18 October 2018 and 30 November 2018. Three of these incidents were not reported to the safeguarding authority as required.
- Whilst investigating the allegations of abuse, the registered manager received clear evidence that other people were at risk of abuse. However, they did not take action to protect other vulnerable people for three weeks. During this time, four of the seven instances of financial abuse occurred. Some, or all, of these could have been prevented if managers had acted more quickly and followed standard safeguarding procedures designed to protect people from abuse.
- The provider did not make referrals to the Disclosure and Barring Service (DBS) in a timely way. The DBS maintains a list of people barred from working with vulnerable people. The registered manager had been asked to make a referral by the local safeguarding team, but did not do so until we raised the issue during the inspection, four weeks later. The registered manager told us they thought the police were going to do this, but this was not the case.

The failure to establish and operate effective systems and processes to prevent abuse of people using the service was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures:

- Safe recruitment practices were not always followed.
- One applicant had recently worked at another domiciliary care agency. The registered manager told us they had obtained a verbal reference for the applicant from the agency and said they had been told the applicant was currently subject of a "safeguarding investigation". A check with the Disclosure and Barring Service (DBS) showed that the applicant also had previous convictions. DBS checks are designed to help providers make safer recruitment decisions. The provider took a decision to employ the applicant. However, they were unable to demonstrate that they had assessed and considered the risks that might be posed to people by the staff member, given their previous convictions and the outstanding safeguarding investigation.
- References for other staff members were usually sought from previous employers. However, for one person a reference had not been sought from a previous care provider that they had worked for. Therefore, the provider was not able to confirm that the conduct of the staff member had been satisfactory in that

employment.

- For two applicants, we found there were gaps in their employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people.

The failure to operate safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely:

- Arrangements were in place to support people to take their medicines. However, best practice guidance was not always followed.
- Most staff had been trained to administer medicines, but their competence to administer medicines had not been assessed in a meaningful way. The deputy manager told us they conducted occasional 'spot checks' of staff and said this included observing staff giving medicines. However, they acknowledged that this process needed to be more robust and showed us a competency assessment tool they said they would introduce. One staff member was just finishing their medicines training, but the deputy manager told us they had been administering medicines to people for the previous nine months because they felt they were competent. During this time, people had been at risk of not receiving their medicines safely. The deputy manager acknowledged this was not acceptable and assured us it would not happen in the future.
- Medicines administration records confirmed that people had received their medicines as prescribed. However, when staff administered medicines from pre-prepared packs, they did not record the details of the individual medicines they had given; this was contrary to guidance issued by the National Institute for Health and Clinical Excellence (NICE). The deputy manager told us they would liaise with the dispensing pharmacies to obtain pre-prepared medicine administration records (MARs) to enable staff to sign for each of the medicines given.
- Two staff members had received additional training from a community nurse to give one person injections every two weeks. When we spoke with the person about this, they complimented staff on the way they did this.

Staffing levels:

- There were enough staff to complete all care visits and to meet people's needs. One person told us, "Staff are reliable, I can't fault them. If they're going to be late, which is rare, they will let me know."
- No new care packages were accepted by the agency until sufficient staff were in place to support them.
- The deputy manager produced a weekly schedule showing the times people required their visits and the staff allocated to them. Travelling time was built into the schedule to help ensure visits were made at the agreed time.

Assessing risk, safety monitoring and management:

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met. For example, two people used bed rails and there was clear guidance about how and when these should be used. Other people were at risk of falling and their risk assessments specified the walking aids staff should assist them to use.
- Environmental risks, including risks posed to staff inside and outside people's homes, were assessed, monitored and reviewed regularly. All staff had taken part in a workshop to promote personal safety.

Preventing and controlling infection:

- There were appropriate systems in place to protect people by the prevention and control of infection.
- Staff had attended infection control training. They had access to personal protective equipment (PPE),

such as disposable aprons and gloves and we saw they used these appropriately during care visits. A staff member told us, "[Disposable] gloves are everywhere and there are aprons where you need them."

Learning lessons when things go wrong:

- With the exception of allegations of abuse, other incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.
- Following staffing difficulties, changes were made to the arrangements for taking on new care packages. This had helped ensure there were always enough staff available to complete all care visits at the specified times. The registered manager told us, "We don't let ourselves get stretched anymore."

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience:

- People were supported by staff who had completed a range of training to meet their needs and five staff had obtained vocational qualifications relevant to their role. However, some staff had not completed or refreshed all their training, in accordance with the provider's training schedule. This included essential subjects such as safeguarding, moving and handling, medicines administration, equality and diversity, and first aid. Therefore, we could not be assured that all staff had the necessary knowledge to support people effectively.
- One person used a hoist to transfer between their bed and chairs. The registered manager told us they had delivered individual hoist training to staff, but did not have a record to confirm which staff had received this training. This training did not include the broader principles of moving and handling, such as techniques to prevent staff experiencing upper limb injuries. One staff member had not completed this broader training at all and other staff had not refreshed the training for over two years. Best practice guidance and the provider's policy required this training to be completed annually.
- When we spoke with staff about moving and handling techniques, one staff member was not clear about when to apply the brakes on the hoist and described an unsafe technique they used to support a person to transfer from an armchair to a walking frame. We discussed this with the registered manager, who assured us they would schedule full moving and handling courses for all staff as a matter of urgency.
- Arrangements for staff who were new to care to complete the Care Certificate were not robust. The Care Certificate is an identified set of 15 standards that health and social care staff adhere to in their daily working life. One staff member had fully completed this training. However, another staff member who had no previous experience in care and had joined the agency a year previously, had not. They had completed individual courses that had met five of the standards, but had not completed training that met the remaining 10 standards, including: privacy and dignity, equality and diversity, and basic life support. Although they had not completed this essential training, they had been promoted into a senior role; therefore, we could not be assured that the advice and guidance they would be providing to junior staff would be correct. The registered manager said they would contact their training provider and ask them to re-introduce the care certificate training for new staff.
- One staff member had previously worked at another care agency and had told the registered manager they had completed all essential training, including the care certificate. They had not been able to produce any training certificates to verify this and the registered manager had not followed this up or conducted any assessment to confirm the staff member had the necessary knowledge to support people effectively.

The failure to ensure staff received appropriate training and development to enable them to carry out their duties was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- Staff told us they felt supported in their roles by the managers. One staff member said, "[The deputy manager] works with us and introduces us to new clients. I feel more supported here than I've ever done." Another staff member said, "I feel appreciated. I wake up liking coming to work." A further staff member told us they felt "very much supported" in respect of adjustments that had been made to accommodate a health condition they lived with.
- In addition, staff were supported through one-to-one sessions of supervision. These provided an opportunity for one of the managers to meet with staff, identify any concerns, and offer support. Staff who had worked at the service for a year or more also received an annual appraisal to assess their performance.

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

- Assessments of people's needs were completed before care packages were agreed and started. These were usually done by the deputy manager and a second staff member to help ensure the person's needs were fully understood.
- The provider did not make use of any technology to support people or staff. They required staff to carry their own mobile phones, so they could be contacted. They did not operate any technology to check whether staff had arrived at and completed each of their visits in safety. The registered manager told us they were in discussions with staff about suitable ways of doing this.

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

- Most people's meals were planned and prepared by family members. Where staff were responsible for preparing meals, they encouraged people to choose a healthy, balanced diet based on their individual needs and preferences.
- Staff knew which people were at risk of losing weight and encouraged them to drink high calorie food supplements where these had been prescribed.

Staff providing consistent, effective, timely care:

- People told us they felt staff were competent and said they received all the support they needed. One person said, "I'm very happy with the staff; they're excellent, all of them." A family member told us, "The [staff] are very good. [The deputy manager] shows the new ones round and makes sure they know about [my relative's condition]."
- People were supported to access healthcare services when needed. For example, staff contacted GPs and accompanied people to medical appointments when requested.
- If staff were present when people were admitted to hospital, they provided written information about the person to the medical team to help ensure the person's needs were known.

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

- Staff protected people's rights by following the Mental Health Act, 2005 (MCA). The 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.
- Everyone receiving support from Dolphin Care had capacity to make their own decisions about the care they received. During our visits, we heard staff seeking verbal consent from people before providing support. They described how they followed people's wishes, rather than the instructions of family members. For example, when a family member directed staff to give their relative a certain meal, we heard the staff member checking with the person that they were happy to receive it. Another family member told us, "Staff are very good. They will advise, but won't push [my relative] to do things they don't want to do."

- The registered manager and the deputy manager were not clear about the action they would take if a person lacked capacity to make decisions. However, by the end of the inspection they had obtained some best practice guidance. This included a template to guide them through the process of assessing a person's capacity and making decisions in the best interests of the person.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and were involved as partners in their care.

Ensuring people are well treated and supported:

- People told us they were happy with the staff who currently supported them. People's comments included: "The staff are always happy and we try to have a little joke; I don't know what I'd do without them", "I'm happy with all the staff who come now, they've always nice and happy", "They're very friendly and very chatty. It's nice to talk to them, we have a good rapport" and "I enjoy the companionship and the way [staff] listen and talk to me". Written feedback from a family member described the care visits as "the highlight of the day" for their relative and said they were "always treated with dignity and respect".
- During our home visits, we observed people were treated with kindness and consideration by staff. Staff spoke respectfully to people and supported them in a patient, compassionate way.
- Staff showed a good awareness of people's individual needs, preferences and interests. Some people liked dogs, but were unable to keep one due to their current circumstances. They told us the deputy manager brought their dog to care visits to enable them to interact with it. They told us they really enjoyed this experience; for example, one person said, "I love it when [the deputy manager] comes and brings her little dog. That makes me very happy because I can't have a dog myself."

Supporting people to express their views and be involved in making decisions about their care:

- The registered manager told us people's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments, before they started receiving support. We saw these needs were detailed in their care plans and people confirmed they were met in practice. This included people's needs in relation to their culture, religion and diet. For example, staff understood one person's faith and how this affected the way they needed to provide support on certain days.
- Staff had not completed training in equality and diversity, so we could not be assured that they would always recognise and respond to people's diverse needs. However, records showed the registered manager had recognised the need for this training and we saw this was included on their training planner for the coming year.
- Records confirmed that people were involved in discussing the care and support they received. This included their choice of staff and the times of their visits. Written feedback from one person said, "They [staff] treat me as an individual and someone who knows their own mind. All the carers I've met are superb, friendly and keen to please." People were also involved in review meetings with managers to check their needs and preferences were being met.
- Where needed, information was made available to people in an accessible format. For example, one person's invoices were provided in large-print to make them easier to read.

Respecting and promoting people's privacy, dignity and independence:

Staff described how they supported people's privacy and dignity. This included closing doors and curtains

when providing personal care. Staff also gave examples of how they respected people's individual preferences for the way they preferred to receive personal care and live their lives.

- One person told us they did not wish to receive personal care from a male care worker and said staff worked flexibly to meet this wish. For example, they said a female care worker would help them to change into their night clothes and a male worker would later help them into bed. They said they were "very happy" with this arrangement. Another person said of the staff, "Perfect they are, they respect my privacy."
- Staff encouraged people to do as much as they could for themselves. One person said of the staff, "They understand that I need to do as much as I can for myself; otherwise you get lazy." We observed a staff member ask a person if they wanted ketchup on their lunch and then encouraged them to put it on themselves. This helped promote independence.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- People told us their individual needs were met. One person said of the staff, "They wash my hair just as I like it." Another told us, "They work around me. It's very much what I want and when I want to do it."
- Staff knew how to support people according to their individual needs and wishes. One person said, "No new member of staff came without being introduced first. It was very important as they then knew my routine. They all know my little ways." The person went on to describe things staff did to make life more manageable for them, such as leaving the stairlift in a certain position that made it easier for them to use.
- People's likes, dislikes and preferences were recorded in person centred care plans that were reviewed and updated regularly. These included clear details of the support people required at each care visit and how this should be delivered.
- Staff recorded the support they provided at each visit. These records confirmed that no visits had been missed and people's needs had been met in line with their care plans. For example, one person had a catheter; this is a tube inserted into the bladder and connected to an external bag. Staff had consistently recorded the output from the catheter, so they could identify and take action if it became blocked.
- People were consistently empowered to make their own decisions and choices. For example, one person told us, "If I want my hair washed, they will do it; if I don't, they won't." A family member told us their relative decided on the day of their visit whether they wanted a bath, a shower or a wash and staff accommodated this.
- Staff responded when people's needs or wishes changed. For example, a family member said of the staff, "They understand [my relative]. They know he varies from day to day. He was going to have a shower today, but he was very tired so they [supported] him back to bed. They don't push him beyond what he's capable of doing each day." Other people told us staff were flexible when they needed to change the times of planned visits or needed extra visits. One person told us, "If I ring [the office] and ask for something, they are there."

Improving care quality in response to complaints or concerns:

- There was a complaints procedure in place and people told us they felt able to raise concerns. One person said, "If we have any problems, like staff not turning off the lights, we have a word in [the deputy manager's] ear and she sorts it."
- The complaints policy was provided to people and was available in large-print format if needed.
- No complaints had been recorded since the last inspection. However, the registered manager told us they had responded to requests for changes, such as re-allocating specific staff members with whom people had not gelled.

End of life care and support:

- Staff were not supporting anyone with end of life care at the time of the inspection. Some staff had

experience of delivering end of life care, but most staff had not received any training in this. Therefore, we could not be assured that people would be supported appropriately to have a dignified, comfortable death. However, the registered manager had recognised the need for this training and we saw this was included on their training planner for the coming year.

- Where people were had previously received end of life care, we saw their end of life wishes were recorded in their care plans to help ensure they would be met.

Is the service well-led?

Our findings

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of safe, high-quality care. Some regulations were not met.

Governance arrangements for ensuring that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed:

- The provider had not complied with a requirement of their registration, to notify CQC about significant events without delay. Although the provider had notified CQC of some events as required, in two cases there were delays of 14 days and 16 days respectively. In addition, we identified three allegations of abuse which had not been notified to CQC at all. This limited our ability to perform our regulatory duty of monitoring events that occurred at the service.

The failure to notify CQC of significant events without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The service was managed by a director of the provider's company who was also the registered manager. They were supported in this role by the deputy manager, with whom responsibilities for all aspects of the service were shared. However, the managers demonstrated a lack of knowledge and understanding of best practice guidance in key areas and this had contributed to breaches of five breaches of regulations.
- For example, the breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was caused by failures by the managers to follow accepted safeguarding procedures for reporting and responding to allegations of abuse. You can see more information about this in the Safe section of this report. The registered manager told us they did not have a copy of the 'safeguarding toolkit' to help guide their practice when dealing with allegations of abuse; however, this guidance is available online and a social care practitioner told us they had given the registered manager a hard copy of it a year previously. The provider's safeguarding policy was available, but this was inadequate as it did not provide any guidance about how staff should report or deal with allegations of abuse.
- Quality assurance arrangements were not robust. The provider relied on external agencies, including CQC and the local authority, to identify essential improvements. For example, they had not recognised the issues identified during the inspection until we pointed them out. They had not recognised that their handling of seven allegations of financial abuse had been inadequate and had led to people suffering harm; they had not identified that safe recruitment practices had not been followed, resulting in an unsuitable member of staff being employed; they had not realised that three staff members were not included on the staff training matrix, so had not been monitoring their training needs; they had not identified that, after 12 months in post, one staff member had not completed essential training that met the care certificate standards and that they and other staff had not received adequate moving and handling training; they had not understood the requirement to notify CQC of all allegations of abuse, resulting in three incidents not being notified to CQC.

- When concerns were identified, these were often addressed in a limited way that only considered the immediate issue raised and not the broader issues around specific aspects of the service. For example, on the first day of the inspection, we identified that the provider's medicines policy did not reflect staff practices in respect of injections and did not reference best practice guidance issued by NICE. On the second day of the inspection, the provider gave us an updated version of their medicines policy. This had amended the guidance about injections but had not addressed other areas which were at odds with the NICE guidance. You can find more information about this in the Safe section of this report.
- Similarly, we identified that the provider's recruitment policy was not adequate as it did not reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The provider reviewed and updated their policy from information they found on the internet. Whilst this addressed some points effectively, other points were not addressed and the updated policy added guidance that was not in line with the regulations.
- When we viewed the provider's disciplinary policy, we found it was appropriate for this type of service. However, the managers had not been following the policy for one staff member. The managers told us the staff member had been given two verbal warnings, but neither had been recorded. This was contrary to the policy. In a letter sent to a staff member following the conclusion of disciplinary proceedings, they were advised to visit an Australian website for employment law advice, but the website was not relevant to the UK.
- Improvements were not always implemented in a timely way or sustained. During an inspection in March 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed appropriately. This included a failure to assess the competency of staff who administered medicines. At this inspection, we found competency assessments were still not being conducted for staff. You can find more information about this in the Safe section of this report.
- At the same inspection, we identified that pre-employment recruitment checks were not always conducted. There were gaps in the employment histories of staff and appropriate references were not always requested. At this inspection, we found this was still the case. You can find more information about this in the Safe section of this report.
- There was not a business continuity plan in place to help ensure the service would continue to operate in adverse weather. The deputy manager told us they knew which staff lived near which people and might be able to visit on foot if roads became impassable; they were also aware that they could approach the local hospital and the local authority for support from 4X4 vehicles in an emergency. However, a cohesive plan had not been formulated that could be put into place at short notice or in the absence of the deputy manager. This meant people were at risk of not receiving essential care visits during periods of adverse weather. The deputy manager told us they would devise a plan to address this.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improvement:

- In other areas, quality assurance systems had been effective. For example, the deputy manager conducted regular spot checks of staff as they carried out their duties. These had been effective in monitoring their practice; for example, they had picked up and addressed failures to sign medication administration records (MAR) and had taken action when a staff member showed a lack of confidentiality.
- Managers also conducted regular audits of care plans, based on the frequency of visits made to the person and completed monthly audits of MAR charts. These had helped ensure care plans remained up to date and MAR charts were fully completed.

Promoting person-centred care and support and a positive culture that is open, inclusive and empowering,

which achieves good outcomes for people:

- People told us they felt the service was run well and said they would recommend it to others. One person said, "I think [Dolphin Care] is great. I am happy with everything they do. I can't fault them."
- The registered manager told us the service's values were based on "kindness, loyalty, teamwork and understanding". During our home visits, we saw staff demonstrated these values when interacting with people. The registered manager and deputy manager told us they monitored and reinforced the importance of these values during discussions with staff and at team meetings. Records of the meetings that we viewed confirmed this.
- Staff told us they felt valued, appreciated and supported by the managers. Comments from staff included: "It's the best company I've worked for. [The deputy manager] is always there; they're more of a friend than a boss" and "I'm happy here [at Dolphin Care]. I feel supported, very much so".
- There was a duty of candour policy in place. This required staff to act in an open, transparent way when people came to harm, although there had been no incidents that met the threshold for action. In addition, the previous performance rating was prominently displayed in the agency's office which demonstrated openness.

Engaging and involving people who use the service and staff:

- The provider kept people and staff updated about the service through a monthly newsletter containing key messages. For example, during the summer the newsletters had reminded people and staff of the need to keep hydrated.
- The provider conducted questionnaire surveys of people and staff every year to seek their views about the way the service was run. These showed people were satisfied with the service and no themes for improvement were identified.
- Staff were invited to regular staff meetings, where they were given the opportunity to influence the way the service was run. However, the managers had not always acted on feedback from staff. Three of the eight respondents to the 2018 staff survey reported that they "sometimes" or "always" felt rushed; however, this had not been picked up or explored by managers. The deputy manager told us they would look into this.

Working in partnership with others:

- Staff had links to other resources in the community to support people's needs and preferences. These included health and social care professionals that they worked with on a regular basis.
- In addition, the registered manager and deputy manager told us they could access a training provider and the clinical commissioning groups' quality team for advice and guidance.