# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Dolphin Care (IOW) Limited

Willowbrook House, Appuldurcombe Road,
Wroxall, Ventnor, PO38 3EN

Tel: 01983853478

Date of Inspections: 12 February 2013
06 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✗ Action needed |
| **Requirements relating to workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |
| **Records** | ✗ Action needed |

## Details about this location

| | |
|---|---|
| Registered Provider | Dolphin Care (IOW) Limited |
| Registered Manager | Mrs. Pauline Smart |
| Overview of the service | Dolphin Care provides care and support to 22 adults in their homes. They provide services for older people, including those with a dementia. |
| Type of service | Domiciliary care service |
| Regulated activity | Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 February 2013 and 12 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We also spoke with two healthcare professionals.

### What people told us and what we found

We spoke with six people who used the service or their relatives where they were not able to communicate themselves. They told us they were involved in the planning and assessment of their care. One relative said, "Staff were very particular that my (relative's) wishes should be met".

We looked at seven care plans and saw they contained personalised information about the care, treatment and support. We spoke with two healthcare professionals who were complimentary about the care people received. One said, "The care they give is OK. I've not had any complaints". People we spoke with told us staff were able to meet their needs. One said, "The care I receive is extremely good".

Staff were unable to demonstrate a sound understanding of safeguarding principles or the mechanisms for reporting abuse. Safeguarding training was not up to date, and guidance was not immediately available.

We looked at three staff training files and saw that appropriate checks had been undertaken before people started work. Staff were suitably qualified and experienced.

The provider had an effective system to assess and monitor the quality of service people received. One person said, "They're always asking me if everything is alright".

People's personal records including medical records were accurate and fit for purpose. Some policies relating to the management of the service were not immediately available and complaints were not recorded.

You can see our judgements on the front page of this report.

## What we have told the provider to do

We have asked the provider to send us a report by 26 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People were involved in making decisions about their care and treatment.

### Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with six people who used the service or their relatives where they were not able to communicate themselves. They all told us they were involved in the initial planning and assessment of their care with a senior member of staff. They told us copies of their care plans were kept in their homes, and they could access them whenever they wanted. One relative said, "Staff were very particular that my [relative's] wishes should be met". We looked at seven care plans and saw that all contained evidence of involvement by the person or their relative. They included details of likes and preferences, for example how people liked to get dressed, when they preferred their main meal and whether they preferred a shower or a bath. This showed that people were able to make decisions about the way in which their care was delivered.

People were supported in promoting their independence. We saw care plans had been written in a way which encouraged staff to allow people to do as much as they could for themselves. For example, carers were instructed not to administer any medication, but only to "prompt and support" with medication by removing it from its packaging when the person was unable to do this and to observe them taking it. One care plan detailed how the person was able to shave and brush their teeth, and said that they should "be given the option to do this". This demonstrated that people were encouraged to do as much as possible for themselves.

People's diversity, values and human rights were respected. We looked at daily records of care provided, which showed staff had respected people's wishes when they had declined care or treatment. People we spoke with told us staff treated them with dignity and respect. One person said, "We get on very well together. I'm very comfortable with them". A relative told us, "Staff always explain what they're going to do, and talk through the process so they aren't frightened". Another person told us how their relative was often reluctant to receive personal care. They said, "They have to be gently persuaded, but staff don't force the issue". They added, "Staff were very respectful of their privacy and were always polite".

The manager told us about one person who had a camera in their room so the family could monitor how they were. We looked at the care plan and saw it explained the measures carers should take when delivering personal care to ensure this person's privacy. Carers we spoke with confirmed they did this and that they always ensured doors and curtains were closed when delivering personal care. A healthcare professional we spoke with told us they had witnessed a carer preparing a meal for someone. They said, "They had an excellent relationship with (the person), it was lovely". This showed that people were treated with consideration and respect.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. There were arrangements in place to deal with foreseeable emergencies.

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with six people who used the service, or their relatives. They told us how a senior member of staff had assessed their needs and written a care plan designed to meet those needs. One person said, "We had meetings to talk about the things we wanted changing (from care delivered by another service) and they were very accommodating". We looked at seven care plans and saw that they contained personalised information about the care, treatment and support each person required. The daily care records relating to these showed this was being delivered consistently. We spoke with four care workers who demonstrated a good knowledge of the people they cared for and their needs. People we spoke with confirmed the care they received was in line with that described by their care workers and it met their needs.

We spoke with two health care professionals. Both were complimentary about the standard of care provided by the service. One told us about two occasions when care workers had raised concerns about the health of a person suffering from dementia who appeared to be in pain. This had allowed other health professionals to intervene quickly. The other told us, "The care they give is OK. I've not had any complaints".

People we spoke with told us they were always able to contact the service when they needed to. One person said, "The care I receive is extremely good and I've recommended them to friends". A relative told us, "The care was faultless. They were always there and were very supportive". However, the provider may wish to note that the healthcare professionals we spoke with both told us of difficulties they had experienced trying to contact the service. One said, "A carer didn't turn up and I couldn't get a response from the office or the mobile". The other said there had been times when they had received "no response to phone calls".

There were arrangements in place to deal with foreseeable emergencies. The manager told us staff were given 15 minutes travelling time between calls to ensure they were able to care for people at the specified time. Staff told us that this was sufficient in most circumstances and people we spoke with said staff rarely arrived late. One person said, "They've never been very late". The manager also told us that during the winter they had access to three 4X4 vehicles, and explained the arrangements that were in place to send carers to people within walking distance of where they lived if roads became impassable.

This meant there were appropriate arrangements in place to ensure continuity of service.

**Safeguarding people who use services from abuse** ✖ Action needed

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was not meeting this standard.

People who used the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff lacked knowledge of safeguarding principles and the mechanisms for reporting abuse.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

People who used the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw a poster on the wall of the manager's office which advertised a contact number for the local safeguarding authority. However, the manager showed us two versions of the local authority's guidance on the protection of vulnerable adults (POVA), which were out of date. An up to date version of guidance from the local safeguarding authority was not produced until our second visit, and the manager was unable to locate a copy of the provider's policy on safeguarding until after our second visit. This was subsequently sent to us. The service provided care in people's homes and staff were only able to access policies and guidance by contacting the manager at the provider's office. Difficulties locating this information meant staff did not have timely access to current guidance on safeguarding.

When we spoke with the manager and four members of staff about their knowledge of safeguarding, none was able to demonstrate a sound understanding of its principles or the mechanisms for reporting abuse. There was uncertainty around the definition of abuse, and who was responsible for investigating allegations.

Most staff told us they had received safeguarding training, although they said it was between two and five years ago. One person said they thought safeguarding training was covered in their induction workbook, but told us that they had not completed the workbook. Training requirements were not detailed in the provider's policy, but the manager told us staff should be re-trained in safeguarding at least once a year. We looked at a training matrix and saw no safeguarding training had been recorded for any staff during the last two years. This meant people using the service were at risk because staff were not able to identify and prevent abuse.

**Requirements relating to workers** ✓ Met this standard

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

## Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at four staff training files, and spoke with three of the staff concerned. These showed all necessary checks, including references and Criminal Records Bureau (CRB) checks, had been conducted before people started work. One person told us there had been a delay in the provider receiving their CRB check. They told us they had started work before this was received, but during that time they had not worked alone and had been always been accompanied by an experienced member of staff. This ensured people were not put at risk.

The staff we spoke with all had previous experience of working in the care sector before starting work at this service. One person had obtained a National Vocational Qualification (NVQ) level two in health and social care. Of the remaining three, two had achieved NVQ level three and one had achieved NVQ level four. This meant people were supported by suitably qualified and experienced staff.

Staff no longer fit to work in health or social care were dealt with in accordance with the provider's discipline policy, which we saw. The manager told us about action they had taken when a member of staff breached the provider's code of conduct. They also told us about a member of staff who was given additional support to help them improve, which was confirmed by their mentor. This demonstrated that the provider had appropriate measures in place to support staff to carry on the regulated activity.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider had an effective system to regularly assess and monitor the quality of service that people received.

## Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received. We spoke with a senior member of staff who told us about supervisory spot checks they conducted to assess the quality of care delivered. We spoke with three care workers who all confirmed that they were subject to these spot checks at a frequency of between four and six times a year. They told us checks were always unannounced and they received feedback which they used to improve their practice. We looked at five spot checks which were recorded in the daily records of people who used the service. We saw common issues identified during the spot checks included the use of disposable gloves, and other infection control measures. Three of the five checks also included comments on the satisfaction level of the person using the service. This showed the provider monitored the quality of care provided by staff.

People who used the service, their representatives and staff were asked for their views about their care and treatment. The manager showed us about a dozen letters and cards they had received from people who received the service or their relatives. Messages in them praised the service for the quality of care they had received. We spoke to six people who used the service, or their relatives. Two could not recall having been asked about their views on the service, although everyone told us they had regular contact with the manager or a senior member of staff. One person said, "They're always asking me if everything is alright and if there's anything else they can do for me". One of the relatives said, "They talked to us on the phone to see if anything needed changing. They didn't need questionnaires". Another person said, "We have very regular contact with the service and we've got our first review meeting in a couple of weeks". This showed that people's views on the service were sought and known by the provider.

Staff we spoke with told us they attended staff meetings two or three times a year. We saw minutes of these meetings. They showed meetings were used as an opportunity to review and discuss the care needs of individual people, and to remind staff of issues identified by spot checks and other incidents. For example, the latest minutes showed training had been given about dealing with people found collapsed at home. This was in response to an incident staff had experienced. Staff told us their views were always listened to and acted

upon.

**Records** ✖ Action needed

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was not meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate care records were maintained. Records relevant to the management of the services could not be located promptly. Complaints were not recorded.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at seven care plans and associated records of daily care. We saw they included all necessary information to enable carers to provide appropriate and safe care. We spoke with four members of staff who confirmed care plans provided the information they needed to deliver individualised care and support. Care plans were updated regularly. Of the seven care plans we looked at, six had been reviewed or updated in the past year. Daily care records showed each visit by a carer had been recorded, together with a description of the care given at that time. This meant accurate records were kept of care and treatment provided.

Staff records and other records relevant to the management of the service were accurate and fit for purpose. We looked at three staff files and saw they contained recruiting and training information. We also looked at a sample of the provider's policies and procedures, including the lifting and handling policy, infection control policy and complaint procedures. We saw these were up to date and provided appropriate information to support the management of the service. However, policy documents were not well organised and most could not be produced on either of the days of our visit. These were sent to us after our visit. The service provided care in people's homes and staff were only able to access policies by contacting the manager at the provider's office. Difficulties locating these documents meant guidance was not available promptly to staff.

The manager described how they would record complaints but told us no complaints had been received. However, they went on to describe a complaint that had been made, but told us "I didn't consider it a complaint because (the matter complained of) hadn't happened". They then told us about another complaint and the actions they had taken to resolve the matter by talking with the care worker concerned about their behaviour. This indicated that the provider was investigating complaints appropriately. However, it also showed that records of complaints were not accurate as neither complaint had been recorded.

Records were kept for the appropriate period of time. No records had been destroyed since the service started operating ten years ago. The manager was aware of the need to destroy records securely and was exploring appropriate options for the destruction of records that no longer needed to be retained.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | **Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Safeguarding people who use services from abuse** |
| | **How the regulation was not being met:**<br><br>Staff were unable to demonstrate a sound understanding of safeguarding principles or the mechanisms for reporting abuse. Safeguarding training was not up to date, and policies and guidance were not immediately available.<br>Regulation 11(1)(a) |
| Regulated activity | Regulation |
| Treatment of disease, disorder or injury | **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Records** |
| | **How the regulation was not being met:**<br><br>Records relevant to the management of the services could not be located promptly. Complaints were not recorded.<br>Regulations 20(1)(b)(ii) & 20(2)(a) |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

**This section is primarily information for the provider**

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact –** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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