# 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: 25 October 2013
17 October 2013

Date of Publication:
November 2013

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

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Complaints** | ✓ 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 activities | Personal care<br>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 announced 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 17 October 2013 and 25 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

### What people told us and what we found

We spoke with the deputy manager, the manager and the secretary. We also visited three of the 22 people using the service and spoke with four relatives. In addition we spoke with three members of the care staff.

We found people were satisfied with the care they received. People were complimentary about care staff. One person told us "my girls are exceptional". Another person said "on the whole they are all very kind to me". We found people were cared for according to their care plan.

At our last inspection we found staff were unable to demonstrate a sound understanding of safeguarding principles or the mechanisms for reporting abuse. At this inspection we found staff were aware of the various types of abuse and could describe the signs that may indicate abuse was taking place. Staff were also able to describe what action they would take if they suspected abuse and this followed local safeguarding procedures.

Staff received appropriate development. We found supervisions and appraisal were carried out and staff had received training appropriate to their role.

The service had a complaints procedure in place. Complaints had been recorded along with the action taken to resolve them. Records were easily accessible and up to date. However, we found some key information was not dated, or was missing from three of the four care files we looked at.

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 18 December 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

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and provided care appropriately.

### 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 looked at four care files kept in the office. We found these to be clear and included essential information including people's personal care needs which were detailed and easy to read. For example, what type of cup to use to assist a person to maintain their independence whilst drinking and specific creams for various parts of the body. The deputy manager told us people's care plans were reviewed annually, unless there was a significant event, such as a hospital stay, in which case they were reviewed more often.

We looked at the daily records of care provided which were kept in people's homes. We found care was documented in detail and matched people's care plans. We saw some areas were highlighted in red. Carers told us this was so key information stood out. For example, if people's nutrition and/or hydration were a concern, carers recorded what people ate and drank in red ink. This meant care staff could see at a glance, the key information about a person's health and welfare.

The provider might find it useful to note that for one person who had been assessed as needing two care workers to assist them with personal care, records showed on at least 11 occasions within a nine day period, only one care worker was recorded as attending to personal care. We spoke with the person receiving care who confirmed two care workers "almost always" came.We discussed this with the manager, who said two care workers were definitely scheduled to provide care, but one had failed to record their time there. Therefore it was unclear whether the appropriate number of care workers always attended to people's needs or if staff had failed to record their visits. The manager told us they were preparing a letter to every member of staff to remind them of their responsibility to complete care records accurately.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. We spoke with three care staff about the needs of four of the people they cared for. They demonstrated a detailed knowledge of people's needs which matched their care files. They told us it was their practice to read the daily log of care in each person's home. One member of staff said "I always read it, even if I was the last carer in. You never know, the district nurse may have been in". This showed staff were aware people's needs may change and ensured they were up to date with people's support requirements.

We spoke with three people who used the service. They told us they were happy with the care they received. One person said "my girls are exceptional" and "I've recommended them to numerous people". Another person told us "they are very good and polite". A third person said "they are very good. On the whole they are very kind to me". We also spoke with four relatives of people receiving care. They were positive about the care provided and complimentary about the care staff. One told us "generally they are very good". Another said "they are fine overall". Other comments we heard were "we have no problems with them" and "they do whatever [my relative] asks". Other comments we heard about the care provided were "I am completely satisfied" and "they go the extra mile". People also told us the service responded well when they wanted to change the time of care calls, for example, when a hospital appointment meant the person would need to be ready earlier in the day.

The service had a system in place to introduce new care staff to people before they started care provision. A new member of staff would accompany the regular care worker to a person's house. They would be introduced and help to provide care with the regular care worker. Staff we spoke with confirmed this happened. One told us "I met all of my clients before I visited alone". People receiving care and their relatives also told us this occurred. One relative told us new care staff were "always introduced, so you don't have a complete stranger on the doorstep". This meant the service ensured people were familiar with staff who were visiting them before they arrived to provide personal care.

A system was in place to ensure staff did not miss calls or arrive excessively late to people. Fifteen minutes travelling time was allocated for between each call which took into account possible traffic delays. Staff we spoke with said this was enough time. If they were experiencing a delay at a previous call they said they would phone the office. The deputy manager told us people would then be informed there was going to be a delay in the arrival of their carer. People we spoke with confirmed this happened, although they all said carers were rarely late and calls were never missed. One said "they keep us informed of the times they are coming and they do stick to those times".

There were arrangements in place to deal with foreseeable emergencies. The deputy manager told us a contingency plan was in place and the service had access to four-wheel-drive vehicles. These were used when inclement weather prevented care staff from reaching people who needed care. People we spoke with were familiar with this arrangement and told us it worked well. Also, the care staff were able to walk some routes near to their homes in order to ensure people received the care they needed. This meant the service was able to provide continuity of care even when weather conditions were poor.

**Safeguarding people who use services from abuse** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were familiar with the principles of safeguarding and local procedures for reporting suspected abuse.

## Reasons for our judgement

At our previous inspection in February 2013 we found 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. At this inspection we found improvements had been made. We saw evidence that safeguarding had been discussed at the staff meeting held after our last inspection. Staff discussed how to report concerns, the timescales for reporting and identifying the various types of abuse.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw information on safeguarding vulnerable adults was displayed visibly in the office in several places. A policy was in place and this had been read and signed by staff to show they had read it. We saw records which indicated care staff had either recently undertaken safeguarding training or were due to in November 2013.

We spoke with three care staff about the safeguarding training they had received. They demonstrated knowledge of the different types of abuse, such as psychological, financial or physical. They could describe the various signs that may indicate abuse was taking place. One member of staff told us "I would always ask [the person] how the bruise happened. Then I record it on the body map sheet in their care file and report it to the office". All three staff were fully aware of their personal responsibility to ensure safeguarding concerns were reported and followed up. They were confident to report concerns to the local safeguarding authority, the Care Quality Commission or the police if they felt their concerns were not taken seriously by the service. This meant vulnerable people benefitted from care delivered by staff who were aware of safeguarding matters.

We spoke with three people who used the service. They told us they felt safe with the care staff. One person said they felt "very safe, especially with the older ones". Another person told us "I've never not felt safe with them". They also said if they had any concerns about staff they would contact the office directly. We asked people if care staff had ever asked to

borrow anything from them. All three people, and their relatives, said this had never happened. They added that if it did happen they would report it to the office. Where care staff bought shopping for people we found financial records to be in place. The amount of money received, the cost of items, and change given back to the person was all recorded and signed for. Receipts were filed with the record. This showed the service took seriously its' responsibility to ensure people were protected from abuse.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff received relevant training and there was a supervision process in place which supported staff in their job.

## Reasons for our judgement

Staff received appropriate professional development. We spoke with three care staff and the deputy manager. They told us they had completed training relevant to their role. This included health and safety, equality and diversity and medication awareness. The majority of care staff had completed the National Vocational Qualification (NVQ) in care to level two, three or four. Staff also received training to assist them to provide care to people with specific health conditions such as Parkinson's disease or diabetes.

Care staff said the training they received was helpful. Each new member of staff completed the Skills for Care Induction Standards. They confirmed they carried out shadow shifts with more experienced staff until they felt confident they could provide care to each person alone. They also learned other skills whilst shadowing including manual handling, food hygiene and dignity and privacy. This meant people were cared for by staff who had the skills relevant to their needs.

The deputy manager told us care staff received supervision and 'spot-checks' six times each year. We looked at records which confirmed this was taking place regularly. Areas checked included punctuality, uniform, carrying ID and whether the member of staff was able to carry out care tasks. We saw some areas of improvement had been highlighted and action was taken as a result. Care staff confirmed they received supervision regularly. They also told us they felt supported by the deputy manager and manager. One told us "they have always been very supportive, especially if you have a bit of problem". This meant the service ensured people were cared for by staff who were regularly monitored and received appropriate support to carry out their duties.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

## Reasons for our judgement

People were made aware of the complaints system. We looked in the care files of four people who used the service. We found information on how to complain in three of the files.

We spoke with three people who used the service. They were satisfied with the service and had no complaints about the care they received. All three knew how to make a complaint and said they would do so if needed. One person said "if I wasn't happy they'd soon know about it". Another person told us "I have no complaints at all. If I did I would get [the deputy manager] in to sort it out".

We saw a system was in place to record complaints received. The service had received one complaint. We saw the complaint had been clearly documented, along with the action taken and the response made to the complainant. People using the service and their relatives told us the service was responsive to concerns they raised. For example, one person told us they had requested that a particular member of the care staff not provide care to them. They said the manager removed this carer from their rota with immediate effect. They were "very pleased" with this response, and said "[the manager] was excellent when we wanted to make a change". This meant the service took complaints and concerns seriously and made improvements to the service people received based on their feedback.

We spoke with three care staff. They told us they would always report to the office if someone receiving care made a complaint, and they would record it in their daily record of care too. This meant the service had a system in place to deal with complaints and staff were aware of the need to take action if they received a complaint.

**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.

Records kept in the office were accurate, fit for purpose and kept securely. However, records kept in people's homes were not reviewed regularly to ensure errors and omissions were corrected.

We have judged that this has a moderate 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

At our last inspection in February 2013 we found some policies relating to the management of the service were not immediately available. At this inspection we found all records were easily accessible and to hand. Whilst in the office we looked at four care files for people using the service. We found these were in a clear format with information organised into relevant sections. Information on how to care for people was straightforward, up to date and could be followed easily.

We also looked at care records kept in people's homes and found these contained similarly clear and detailed information on how to care for people. However, we found some key documents were not dated, were missing from people's files or there were two different versions of the same document, not dated. For example, in one care file we found a risk assessment for accident prevention was not dated so it was not clear when this had been carried out or whether it was still relevant. Three of the four care files we looked at did not have a complete assessment of people's needs. Two of the files had several versions of the service's policies regarding the receipt of gifts from service users, and emergency procedures. None of the versions were dated. Therefore it was not clear which version was current. We spoke with the manager about these records. They told us they were not aware of the omissions or duplications. Care files were not reviewed regularly so errors or omissions were not picked. This meant the service did not ensure an accurate record in respect of each person using the service was available. Therefore staff providing care did not have access to up to date information on risks to people's health, safety and welfare.

Complaints procedure information was incomplete or inaccurate. In two of the four files the address and telephone number of the Care Quality Commission was incorrect. In one of the files we looked at there was no information about how to complain. This meant people did not have access to the correct information in order to make a complaint about the service they received.

Records were kept securely and could be located promptly when needed. All the records we required for our inspection were to hand, clear and well organised. People's personal information was kept securely in a locked office to which only the manager, the deputy manager and the secretary had access. This meant the service took seriously its' responsibility to keep staff and people's sensitive information securely.

Records were kept for the appropriate period of time and then destroyed securely. The service followed a policy of record retention and had recently securely destroyed a number of older records. This meant the service did not keep records beyond the time necessary.

**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 |
|---|---|
| Personal care | **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Records** |
| | **How the regulation was not being met:**<br><br>The provider failed to ensure that accurate records were kept in respect of each service user including appropriate documents in relation to the care and treatment provided to each service user. Regulation 20(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |

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 18 December 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.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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:

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|---|
| 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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