



Inspection Report on

Dolphin care Agency Ltd

**Dolphin Care Agency
Methodist Church
Cowbridge Road West
Cardiff
CF5 5BQ**

Date Inspection Completed

10 May 2022

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About Dolphin care Agency Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Dolphin Care Agency Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their families are extremely happy with the care and support they receive from care workers who know them well. People feel confident raising concerns with care staff and the Responsible individual (RI). We saw that care staff go through the appropriate recruitment checks before they start their employment and training is provided. Care staff receive good levels of support from management. However, records could be improved to evidence this. The management team are 'hands on' and visible in the community this has meant they have been able to build excellent relationships with care staff, people, and their families. However, this has impacted the overall governance of the service and records need to be improved to ensure monitoring and improvement continues.

Well-being

People are involved in their care and are asked about what is important to them. People told us that care staff, management and the RI know them well and that their care records reflect this level of personal information. Family members told us that daily records are always person centred and are focussed on the persons day and their overall well-being. People and their relatives told us that care staff never let them down and that they are kept up to date on any changes to care calls. People and their families told us they knew all the staff team and the continuity of staff has meant that professional and trusted relationships have been built. One person said, "*they've become friends*".

People's individual circumstances are considered, and care is catered around the person, their needs and wishes. Relatives told us they are always involved where appropriate and made aware of any concerns. People have the appropriate contracts and terms and conditions in place. People and their families told us they are extremely happy with the service. Physical, mental, and emotional well-being is considered. Care staff told us how they make referrals to professionals such as Occupational Therapists (OT's) in a timely manner. We saw plans and risk assessments in place in relation to moving and handling. People told us that care staff take time to sit and talk to them during their care call.

People feel confident raising any issues with the staff team. People and their families know all the office staff as well as care staff and can contact them if required. The RI is extremely visible within the community and in times of emergency provides direct care calls. This has meant that people know the RI directly and can contact them or raise any issues if they need to. People and care staff told us they trust the RI and know they would take appropriate action following a concern.

Policies and procedures are available to people and care staff if required.

Care and Support

People's personal plans include important information about the person, including information about their care, emergency contacts and personal history. This information enables care staff to understand how to support the person. One person told us that they had an excellent relationship with care staff saying they "*couldn't fault them*" and that they "*do it perfect*". People told us they are asked about their care and that they are happy with the service. There are risk assessments in place which provide a good level of information for people and their care staff. Care staff make the appropriate referrals to OT's. We saw detailed daily records in place and relatives told us that daily records are always personal and provide an insight into the persons day and overall well-being. Most people's records have been recently reviewed and appear up to date. People and their families told us that the information stored about their care is current and reflective of their needs. However, we found not all reviews had been completed at a minimum of three monthly, in line with regulation. We made the RI aware of this during inspection and received assurances that this would be implemented.

People and their families told us that they are always kept up to date on any changes to their care. One person said, "*they've never let me down*". People told us they are listened to, and one person explained how the service had changed their care calls to better suit their needs. People have contracts and terms and conditions in place, these explain what level of service they will receive. These documents ensure people know what their rights are such as cancellation of services. Information provided by the Local Authority is used to inform the service about people's care needs before they start receiving the service. Information gathered from people, their families and relevant professionals is used to inform peoples personal plans. The personal plans we viewed show peoples wishes and choices are considered during the planning of care. This information shows that that the service understands and listens to the person and other relevant agencies to understand the persons wants and needs.

People feel well looked after and safe at the service. One person said, "*they make time to sit and chat with me*". Everyone we spoke to including care staff, people and their families all know the RI well and are confident raising concerns with them directly or with their colleagues. The majority of care staff have a good understanding of how to report concerns, internally and externally. There are policies and procedures in place which are available to care staff and people. These documents could be improved to include important contact details, such as phone numbers for key contacts. Care staff go through the appropriate recruitment checks at the start of their employment to ensure they are safe to work with vulnerable people.

Leadership and Management

Managers are described as extremely 'hands on' in the community by care staff and people. People and care staff see the RI often and know them well. One person told us if she needed anything she could ask the RI and they would go above and beyond to get it for her. However, visits to people and care staff by the RI have not been recorded in line with regulation. There is no Quality of Care review in line with regulation. There is a lack of evidence to show that management have oversight of the service. We evidenced there are systems in place for the oversight of care. However, we found these systems are not being used effectively. For example we did not evidence any audit monitoring of care by management. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People told us they receive care and support from consistent, dedicated, and knowledgeable care staff who know them well. One person told us they were "*eternally grateful*" for the level of support and care. One relative said that the care staff have become more like friends and that they would not be able to manage without them. Care staff told us how well they are supported by managers and that there is always someone available at the end of the phone if they need support. We saw that care staff have annual appraisals which review their practice and development. However, care staff are not receiving formal support within required timescales. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We saw that most care staff are registered or working towards becoming registered with Social Care Wales (SCW). One member of staff told us how they had been encouraged and supported to start their level three in health and social care. However, we found some gaps in staff completion of training. For example, moving and handling and first aid. The RI took immediate action to book this on the day of inspection for those staff who required a refresher. Care staff receive annual spot checks where their practice is observed. However specific competencies regarding medication are not clearly recorded. We found that several care staff did not have an up-to-date Disclosure and Barring Service (DBS) check in place. The RI took immediate action to address this, and these have since been requested from the DBS. A document was also created by the service to enable oversight of DBS checks and compliance with the regulation. We did not see any evidence to show that probation checks had been completed and induction documents in place are basic. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
8	There are insufficient systems in place to monitor, review and improve the quality of care and support. This includes: There are no systems in place which enable the responsible individual to report to the	New

	service provider	
35	There is insufficient evidence to show that care staff are fit to work	New
36	Care staff have not received supervision at a minimum of three monthly	New

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