

# Dolphin Associates Tanglewood

## Inspection report

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Date of inspection visit:  
24 March 2017

Date of publication:  
27 April 2017

### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 24 March 2017 and was unannounced. This service was last inspected on 16 and 18 September 2015 and found five regulations were not met and improvement was required. This inspection found the required improvement had been made.

Tanglewood is a small residential service which provides accommodation and personal care for up to three people who have learning disabilities, some complex health care needs and some behaviours that can challenge. At the time of our inspection there were three people living there, who were also registered blind.

Accommodation is provided in a detached house. There are public transport links to local amenities and shops in the nearby town of Folkestone. Accommodation is arranged over the ground floor, with each person having their own bedroom. The service has large enclosed gardens.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the service had a registered manager.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted to help keep them safe.

The care and support needs of each person were complex, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to meet any improvements identified.

Staff told us that the service was well led and that they felt supported by the registered manager and provider. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family.

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

**Good** ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

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

**Good** ●

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and deputy manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate and up to date. They were stored securely.

# Tanglewood

## Detailed findings

### Background to this 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 was planned to check 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.

We undertook an unannounced inspection of this service on 24 March 2017. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff would be intrusive to people's daily routine.

We reviewed a range of records. This included three care plans and associated risk information and environmental risk information. We looked at recruitment information for three staff, including those who were more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with each person, two staff, the registered manager, deputy manager and provider. As some people were not to speak with us directly, to help us further understand their experiences, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and other documentation that the provider had sent us since our last inspection. A notification is information about important events which the service is required to tell us about by law.

# Is the service safe?

## Our findings

One person was able to tell us they felt, "Happy, relaxed and safe" living at Tanglewood, observation of other people showed they enjoyed interaction with staff and were familiar and confident in their surroundings. People had communication plans which explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each person to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff.

Our last inspection in September 2015 found the service was not always safe. This was because some practices concerning the administration and storage of medicines did not always promote safe practice, some elements of staff recruitment processes did not fully meet all mandatory requirements and hot water temperatures were not monitored in a consistent way. At this inspection we found the required improvement had been made.

People received their medicines when they needed them. There were procedures in place to make sure people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Topical medicines, such as creams and ointments, were stored in line with requirements and there was guidance showing where and how creams should be applied.

Regular medicine checks were carried out by the deputy manager and records kept of the checks that had taken place. The registered manager completed competency checks for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely. We looked at the provider's medication policy, it was drawn up by the service and provided limited guidance in many aspects. We recommend the service review their policy based on published best practice guidance, such as, The National Institute for Health and Care Excellence, Managing Medicines in Care Homes.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed hot water temperatures, portable electrical appliances and firefighting equipment were properly tested and maintained. Regular checks were carried out on the fire alarm and

emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment; the service provided a homely environment, it was very clean, well furnished and decorated.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were two support workers on duty along with the deputy and registered managers as well as the provider who lived on site. One sleep in member of staff provided support at night. The registered manager and provider lived on site, providing an established on call system should additional support be required. People and staff felt there were enough staff on duty to support people, their activities and safety. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review.

The staff rota showed there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection the staffing levels matched the number of staff on the duty. Staff we spoke with felt they had enough time to talk with people and interact with them; they felt there were enough staff to fully meet people's needs. One member of staff told us, "The manager always makes sure there is enough staff on, so we can support people." An on call system ensured if needed there was always a senior member of staff available for the staff on duty to contact.

The provider had clear policy and procedures in place for safeguarding people from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. It linked to the local authority safeguarding protocols. There were contact details for relevant agencies for staff to refer to. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. There was a low incident and accident rate.



## Is the service effective?

### Our findings

People felt they received good care; they smiled and reacted positively when staff supported them and were cheerful and contented. One person told us staff were "Good".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, appropriate authorisation is sought. Our last inspection found applications had not been made to the local authority for DoLS authorisations for people who were under constant supervision of staff. This inspection found required applications had been made.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and staff had completed training in the MCA and DoLS. The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Staff had an induction into the service, this involved spending time reading people's care records, computer based learning, policies and procedures and getting to know the service. They also attended some classroom based training; spent time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and qualifications. A training schedule was maintained by the registered manager. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, learning disabilities and person centred care.

Most staff had achieved at least a level two National Vocational Qualification (NVQ) or its Qualification and Credit Framework (QCF) replacement in health and social care; with a number of staff having or studying towards three or higher. NVQ's and QCF's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff had individual supervision meetings and annual appraisals with the deputy manager. Staff told us this

time gave them the opportunity to discuss any issues or concerns they may have, and gave them the support that they needed to do their jobs effectively. Staff told us that they felt very well supported in their roles. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people.

The staff team knew people well and understood how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean. They also described different triggers that may upset people and how they may react.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see and any changing needs were met. Each person had a health needs checklist and action plan, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific challenges, such as behaviours that may place themselves or others at risk of harm, had detailed personal guidance for staff to follow.

People enjoyed their meals, in the kitchen there was a small menu planner on the wall for staff to remind people what choices there were. Staff were aware of what people liked and disliked as well as specific dietary needs. Staff respected people's choices about what they ate. People were supported and encouraged to eat a healthy and nutritious diet. Staff explained to us that the close links with people's relatives helped to gather information about people's likes and dislikes. Some people liked to eat in pubs and local cafés. People's weight was monitored to make sure they remained as healthy as possible.

# Is the service caring?

## Our findings

Staff spent time with people to get to know them. Most people had lived at Tanglewood for some years. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. People had specific needs and routines that were accommodated well by the staff. When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible. During the inspection people were settled and calm; however, guidelines were in place and staff were familiar with how to support people if they became agitated or distressed. It was evident that staff and the registered manager knew people well.

There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. There were descriptions of what was important to people and how to care for them in their care plan. One person particularly enjoyed their hands and feet being massaged; this relaxed and calmed them.

Staff were attentive. They observed and listened to how people communicated. Where one person liked to hold an object, staff made sure the person had it. They explained that it helped calm the person and occupy their hands which stopped them from picking their fingers. Sun and daylight was important to one person, staff had positioned their bedroom chair next to the window and purchased a day lamp to provide daylight therapy. The person's garden chair was positioned in a sunny spot. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them.

Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them. Staff had received positive behaviour training which followed a support model and focussed on proactive methods to avoid triggers that may lead to a person to present behavioural challenges. The aims were to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions could be used to prevent a crisis from occurring.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. During the inspection it was evident that families continued to play a large part in people's lives at Tanglewood with regular communication and visits from most.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People's privacy was respected. People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff felt the care and support provided was individual to each person. People's information was kept securely and staff were aware of the need for confidentiality. Staff talked about and treated people in a respectful manner.

## Is the service responsive?

### Our findings

Pre-admission assessments were completed to ensure that the service was able to meet people's individual needs and wishes, although nobody new had moved into the service since our last inspection. Care plans were developed from the assessments as well as discussions with people, their relatives, the observations of staff and continuous review. This ensured care plans remained and identified and addressed any changing needs.

Staff were able to demonstrate a good understanding of the people they supported. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with their various needs, including what they can and can't do for themselves, what they need help with and how to support them. Staff told us, "Each person is able to communicate and decide what they do or don't want to do and we support them."

Care plans gave staff in depth information of the person, they were personalised and helped staff to support people in the way that they liked. Care plans contained information about people's individual routines, care and social support needs. This was presented clearly covering areas, such as morning and bedtime routines, communication, safety, challenging behaviour and personal care. Care plans also contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, as well as staff they had a good relationship with, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went home to their family and families also visited the service.

People were supported to participate in activities of their choice, within the service and at public facilities. During the inspection two people had gone swimming and another for a walk. The provider provided transport for people to access activities. People had been on foreign holidays, however, as their needs had changed a series of more local days out and activities had replaced foreign travel. One person told us they preferred this. Other people had chosen to go out with their allocated staff member or were being supported at the service. There was a sensory room available for people and large, secure gardens. People were also supported to go out in the services' vehicle.

Some people had specific behavioural needs and these were well documented in their care plan. Staff

showed that they were very clear about these needs and how to support them. Some people were able to say what they wanted, and staff were responsive to people if they became unsettled or unhappy about something.

Staff explained the difficulty of communal meetings with people and had found people were more responsive to individual time with staff. The registered manager worked alongside staff, so was able to see and hear feedback from people. There was an emphasis of involvement of family to ensure their views were reflected in the care provided. The registered manager told us and we saw that staff maintained regular contact with relatives.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. Staff told us how they would support a person if they needed to complain and one person told us they were confident staff would sort out anything they were unhappy with. No complaints had been received or recorded since our last inspection. However, staff showed us where they had complained on a person's behalf about poor service they and their carer had received at a healthcare appointment. The record of complaint contained a copy of the apology received, this had been communicated to the person and member of staff. There were a two compliments recorded from health care and social care professionals; one commenting 'the home was nice enough that they would be happy for one of their loved ones to live there' and the other commenting about people saying 'Their level of oral hygiene is always so high. You should be very proud of your care staff'.

# Is the service well-led?

## Our findings

Our last inspection found checks and audits had not identified shortfalls found during the inspection or enabled the provider to meet regulatory requirements. This inspection found required improvement had been made.

The service had a registered manager who was supported by a deputy manager, senior support staff and support workers. Staff felt they were well supported and spoke highly of the registered and deputy manager as well as the service provider. One staff member commented, "The service is the best I have worked at, how they are treated and fed, they always come first". Another member of staff told us, "Without a doubt, I would recommend the home and would be happy to place a family member here".

The registered manager and provider demonstrated a good knowledge of people's needs and spoke with passion when talking to us about supporting people. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses. They were clear about their role and responsibilities and were confident throughout the inspection.

The registered manager made sure staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. Staff told us they enjoyed coming to work.

The registered manager had good oversight and direction of the service; they said they felt well supported by the staff team. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks; recent quality assurance surveys gave positive feedback.

The aims and objectives of the organisation included always putting people's needs first; giving respectful care within a family home environment; taking into account special wants and needs and choices; providing people with a healthy, quality lifestyle, partaking of local amenities; valuing the expectations of people's families and acting with integrity, being positive and striving for excellence. The registered manager and staff were clear about the aims and objectives of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had

been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.