Dolphin Associates

Tanglewood

Inspection report

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Ratings

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

Overall summary

We undertook an unannounced inspection of this service on 16 and 18 September 2015. The previous inspection took place on 3 October 2013 and found there were no breaches in the legal requirements at that time.

The service is registered to provide accommodation and personal care for up to three people who have learning disabilities, visual impairment, some complex health care needs and behaviours that can challenge.

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 a large enclosed back garden; the front garden can also be enclosed for activities.

This service had a registered manager in post. A registered manager is a person who is 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 2008 and associated Regulations about how the service is run.

Summary of findings

At the time of inspection the service was full and we were able to speak with each person. People told us that they liked living in the service, they were happy, they liked the staff and the staff were kind. They thought the living environment was relaxed, comfortable and felt like home.

Our inspection found that whilst the service offered people a homely environment and their health care needs were being supported; there were some shortfalls that required improvement.

Some practices for the administration of medicines did not promote proper and safe management. This was because procedures intended to ensure the correct storage temperatures of medicines were not followed and one prescribed cream was out of date.

Recruitment processes did not fully meet the requirements of the regulations in order to fully protect people, because not all mandatory reference checks were completed.

Thermostatic temperature valves were in place on hot water taps and showers, but water temperature checks were not made to ensure that the valves operated within a safe temperature range, to keep people safe.

The provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005 because Deprivation of Liberty Safeguard applications (DoLS) had not been made. This was because care and treatment of people must only be provided with consent, if the person is unable to give consent because they lack capacity a DoLS application must be made.

A quality monitoring system was in place, but was not effective enough to enable the service to have continuous oversight and maintain compliance with regulations.

The service was responsive to people's needs, their goals and wishes encouraged development of learning and exploring new activities and challenges. Activities were varied; people took part in activities inside and outside the service and told us they enjoyed them.

Staff interactions demonstrated they had built rapports with people who responded to this positively. People and staff told us that there were sufficient staff to meet people's needs. Our observations showed that staff had time to spend with people and they were patient and kind in their interaction with people.

There was a healthy choice of foods, which people enjoyed. People were consulted about the menus and able to influence changes within them.

People, staff and records confirmed that people were supported to access routine and specialist healthcare appointments to maintain their health and wellbeing.

People felt the service was well-led. The provider adopted an open door policy and worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

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 requirements.

There were sufficient staff on duty to meet the needs of people, support their activities and health care appointments.

Requires improvement

Is the service effective?
The service was not always effective.

Deprivation of Liberty Safeguards authorisations and mental capacity assessments were not in place where needed.

Communication was effective, staff understood people's needs. People told us they had choices about what they ate and how their meals were planned.

People were supported to maintain good health and had access to medical and social services as needed.

Requires improvement

Is the service caring?
The service was caring.

People told us they liked that staff who supported them and found this comforting and reassuring.

Staff were respectful when talking and interacting with people and treated people as individuals, recognising their preferences and likes and dislikes.

People were relaxed in the company of staff and felt listened to by staff who acted on what they said.

Care records and information about people was treated confidentially.

Good

Is the service responsive?
The service was responsive.

Care records showed that people's needs were assessed before they moved to the service and support plans focused on individual preferences and needs.

The service had a full programme of activities in place for people.

The provider had an effective complaints procedure in place. People, visitors and family members, knew how to make a complaint.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

Checks and audits had not identified shortfalls found during this inspection or enabled the provider to meet regulatory requirements.

Staff had a good understanding of the values of the service, they felt supported and there was an open, inclusive culture at the service.

The service had a registered manager. Staff told us the management team were approachable, supportive and helpful.

The registered manager worked alongside staff, which meant issues were resolved as they occurred and helped ensure the service ran smoothly.

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 16 and 18 September 2015. 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 four staff, including one who was 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 and provider. As some people were not able 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 home is required to tell us about by law.

Requires improvement

Is the service safe?

Our findings

People told us or indicated they were happy living at Tanglewood, they appeared familiar and at ease within their home environment. One person told us "I don't worry about living here at all, I'm fine".

Although people told us they felt safe, there were examples of practices around medicine management, recruitment of staff and checks of hot water temperatures, which were not always safe.

We assessed the procedures for the ordering, receipt, storage, administration, recording and disposal of medicines. Storage temperatures of medicines were not monitored or recorded, this is needed to ensure medicines remain fit for use. In addition, there was a topical cream in use when its use by date had expired. When pointed out during the inspection, the registered manager took immediate action to address these concerns.

Medicines were not always suitably stored. This failure was in breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed. People's Medicine Administration Records (MAR) showed that all medicines had been signed to indicate that they had been given. Staff who administered medicines to people had attended appropriate training and were regularly assessed by the registered manager to ensure they were competent to manage medicines.

Providers are required to establish evidence of satisfactory conduct of their staff in previous employment and, if that employment was in a care setting, the reason why the employment ended. Records showed that where contact information was available for some staff previously employed in care work, personal character references rather than previous employment references were held. There was a failure to ensure that the recruitment process was sufficiently robust to protect people. This was because the processes in place did not always address why a person's previous employment had ended. This did not promote the principles of a robust recruitment process or protect the interests of people.

Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person. This is a breach of Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to ensure that the premises and all facilities within the service are safe. Although hot water thermostatic restrictor values were fitted to taps and showers, monitoring checks of water temperatures were not completed and temperature checks completed before people used a bath or shower were subjective. This was because staff tested water by feeling the temperature by hand. This did not promote the monitoring of the correct operation of thermostatic restrictor valves, introducing a risk of scalding to staff or people. When pointed out during the inspection, the registered manager immediately introduced revised procedures to address this concern.

The provider had not ensured people were adequately protected against the risks of scalding. This was in breach of Regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Any concerns about people's safety or wellbeing were taken seriously. Discussion with staff showed they understood about keeping people safe from harm and protecting them from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There was a policy and procedure that informed them about what to do. The service also held a copy of the locally agreed safeguarding protocols. Staff said in the first instance they would alert any concerns they might have to the registered manager, but understood about and could name the relevant agencies that could be contacted if their concerns were not acted upon.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed when

Requires improvement

Is the service safe?

needed and linked to accident and incident reporting processes. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again. Records showed and staff confirmed that there was a low number of incidents and accidents.

Strategies were in place to support people with behaviour that could challenge. Staff were aware of potential behavioural triggers and indicators of people's anxiety or agitation. During the inspection staff confidently, but sensitively, supported a person who had become agitated, this helped them to calm and relax.

Staffing levels were based upon people's dependency assessments and were flexible to accommodate outings and activities. Staffing comprised of three staff on the day shift as well as the registered manager and provider. 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.

Records showed the provider ensured services and appliances were checked and maintained as required, for example gas safety, portable electrical appliances, fire alarm and firefighting equipment were checked when needed to keep people safe. An emergency plan provided staff with information about what to do in the event of a fire. Fire drills were held and staff were familiar with actions to take.

Requires improvement

Is the service effective?

Our findings

People were cheerful; they spoke positively about the service, the provider and the staff. They told us they received the right amount of support and felt that staff supported them well. One person said, "Staff are nice, they are good". People smiled and reacted to staff positively when they were supporting them with their daily routines.

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. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep them safe. We discussed with the deputy manager and the provider whether referrals had been made where people lacked capacity and were subject to continuous staff supervision. The deputy manager acknowledged DoLS applications should be made for some people. Applications had not been made to the local authority for DoLS authorisations and mental capacity assessments or best interest meetings had not been completed to determine some people's capacity to consent to care and support.

A person must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This is a breach of Regulation 11(1-5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received sufficient training to effectively support people. Records identified all training provided and when it required refreshing. Staff said that if people had specialist needs, for example particular conditions and dietary requirements, they received the relevant training to ensure they understood how to support them. Staff told us the training received was "good" and felt it provided them with the skills and confidence to effectively support people. Training records and certificates confirmed the training undertaken. Some of the staff had completed qualifications in health and social care and there was an opportunity for other staff to do so.

Staff understood their roles and responsibilities. They had completed an induction programme, which had been developed to include training about supporting each individual person. Induction included, orientation, shadowing experienced staff and then attending training courses. All staff had a probation period to assess their skills and performance in their role; this could be extended if needed. Mandatory training included health and safety, fire safety awareness, first aid awareness, infection control and basic food hygiene. Some specialist training was provided, such as training on behaviour that could challenge. Staff felt the training they received was adequate for their role.

Staff told us they had opportunities to discuss their learning and development through supervision (one to one meetings with their manager) and working closely with the registered manager. Working with the registered manager also enabled them to observe staff practice, such as communication with people, infection control, food hygiene and the quality of interactions including treating people respectfully and offering choices. The registered manager maintained written records of staff supervisions and observations they had carried out. Staff said they felt supported and felt this system worked well for a small service. Staff meetings were held occasionally, with most information communicated using a communication book for the service, which each staff member read.

People's health care needs were met. People had access to appointments and check-ups with dentists, doctors and the nurse. This was a proactive way of maintaining good health. Records confirmed GP appointments if people were not well, together with specialist support for any acute conditions. Staff told us they knew people and their needs very well and would immediately know if someone was not well. Records showed any health concerns were acted on. Where people had specific medical conditions, information about this was available within their care plan to inform and help staff understand the person's health needs. Staff demonstrated in discussions they understood how conditions impacted on individual people and any particular support they needed.

Care plans contained personalised information about people's health care needs, dietary needs, individual preferences, behaviour, and their likes and dislikes. One person told us their consent was gained, by themselves and staff talking through their care and support. People were offered choices, such as when to go to bed, what to eat or drink and what clothes to wear.

All food was freshly cooked with great thought given to nutrition and a healthy balanced diet. People were offered

Requires improvement

Is the service effective?

extensive food choices, in part to meet particular dietary needs. One person told us the food was "lovely", they liked all the meals and they were involved in helping to choose them. On the day of the inspection, people were offered drinks of their choice and responded positively about the meals they were eating. Staff sensitively reminded people of their food choices and, due to their visual impairment, orientated them to the position of food on their plates. Where needed adapted cutlery and plate guards were used to help people eat independently. Staff were very aware of people's likes and dislikes and told us meals were adapted to suit these preferences. People's weight was monitored and healthcare professionals had previously been involved in the assessment of one person's nutritional needs. Recommendations they had made were followed through into practice and understood by all staff.

People felt the home offered suitable accommodation for their needs. Staff were considerately conscious of people's visual impairment; they ensured furniture was not moved so that a safe and familiar environment was maintained. Adaptations such as the provision of a speaking Freeview box and television audio description helped one person to maintain their independence.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. One person said they liked the staff who supported them and found them comforting and reassuring, telling us, "I know they care about us". People were treated respectfully and with dignity. They felt their individuality was recognised and their independence was actively promoted. Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs and this was evident through the interactions observed during the inspection.

Interactions between people and staff were positive, respectful and often made with shared humour; people chatting, vocalising noises and laughter was evident during the inspection. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff spoke with people in appropriate tones and were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different styles of verbal communication and were consistent in the ways they spoke them. For example, short sentences helped some people understand what to do, where as other people preferred a more conversational approach or needed reminding about other people's personal space.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff spoke respectfully and kindly about people between themselves when discussing how people's days were going and during staff handovers.

People were consulted with and encouraged to make decisions about their care. One person told us this helped them to feel valued because they were listened to. They told us, "We talk a lot, it helps me to decide about what I want and that's good". People said they were able to get up and go to bed as they wished and have a bath or shower when they wanted.

People were able to choose where they spent their time. During the inspection people moved around the house easily and confidently. Where people enjoyed spending time in the garden, suitable and comfortable garden furniture was provided. The garden was designed safely for visually impaired people, with clear pathways and hand rails. Well planned planting provided different textures, noises and smells. A vegetable patch provided gardening experiences for those with an interest.

Bedrooms were individual and people felt they suited their tastes and needs. One person particularly enjoyed listening to music, their bedroom was arranged so that they could both hear their music and feel the vibration from the music speakers. People and staff enjoyed looking after the pet dogs living at the service. We saw this interaction provided positive experiences, often resulting in people smiling and giggling.

People's independence was maintained. People talked about choosing meals they liked to have, planning menus and helping choose food shopping. People were involved in household chores; this included helping to clean their room and attending to their laundry. People felt staff encouraged them to maintain their independence and daily living skills by prompting people to do things that they could manage for themselves.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family.

People had their privacy and dignity respected, telling us, "They knock on my door and wait to come in." People were dressed in clothes of their choice; one person told us how staff laid out their clothes in a particular way so that they could dress themselves without putting clothes on back to front or inside out. People told us, or gestured when asked, that they felt clean and well cared for. Staff and the registered manager confirmed that the importance of dignity and respect for people was emphasised to all staff from the outset.

Good

Is the service caring?

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Although we did not see any visitors during our inspection, people told us their friends and family were welcomed and could visit at any time. Some people told us that staff supported them to travel to see their family and they had regular telephone contact.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs. They felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. People had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see friends, make new friends as well as learning and practicing life skills, which some people told us helped them to feel more confident. This helped to ensure that people did not feel socially isolated. The service had a car available help facilitate transport for activities. The model of car was specifically chosen as its sliding doors made it easier for people to use.

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 then developed from the assessments as well as discussions with people, their relatives and the observations of staff.

Care plans contained information about people's wishes and preferences. Some people were able to tell us these had been read to them and they agreed with the content. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently. There were behaviour support plans and risk assessments about the support people needed when they became distressed or challenging towards staff or others. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance.

Health action plans were in place, detailing people's health care needs. The plans contained comprehensive and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed. We saw that specialist help was sought when needed and occupational living aids provided, for example, orthopaedic foot wear.

Care plans were reviewed continually to ensure they remained up to date. Annual reviews were current and provided oversight of care provided. These were open to people's social worker, their family or an advocate and staff. People told us they thought they received the support they needed.

People had some opportunity to provide feedback about the service provided. The registered manager worked alongside staff, so was able to see and hear feedback from people. The registered manager told us and we saw that staff maintained regular contact with relatives.

Activities and goal setting enabled people to create changes they may desire and introduced structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and saw how this linked to activity planning, development of learning and exploring new activities and challenges.

People told us they did not have any complaints and did not wish to make any. They told us they knew the staff, the registered manager and provider by name and were confident that, if given cause to complain, it would be resolved quickly. The registered manager confirmed that there were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose.

Requires improvement

Is the service well-led?

Our findings

Staff and people were positive about the registered manager and provider, describing them as "Friendly, approachable and supportive." People felt involved in the service and staff encouraged people's suggestions and ideas. Examples included meetings where things like decoration, improvements to the service, holidays, activities and food choices were decided. Staff felt the provider and registered manager listened to their opinions and took their views into account. For example, staff found that some people preferred days out rather than a holiday from the service, this idea was taken forward.

The registered manager and provider undertook regular checks of the service intended to make sure it was safe and people received the support they needed. However, these had not identified that the storage temperature of medicines was not recorded or that a topical a cream was out of date. Working practices did not ensure as far as reasonably practicable that hot water outlets did not present a risk of scalding. In addition, the service had not recognised the need to consider DoLS applications for some people. The concerns identified illustrated that the quality assurance measures currently in place were not fully effective.

Methods of how the service assessed and monitored the quality of service were limited and mainly by verbal input. Systems were not in place to gain the views of visitors to the service, including social and health care professionals, which may have helped inform changes or reviews of working practice.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policy and procedure information was available within the service and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made.

The registered manager told us that the values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the service. Staff displayed these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People knew the different roles and responsibilities of staff and who was responsible for decision making. Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing outings or the health of a person who was agitated and suggested actions.

Staff told us that and records confirmed that the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices. They said, if needed, they felt confident about raising any issues of concern around practices within the service and felt their confidentiality would be maintained and protected by the registered manager.

The registered manager belonged to the National Care Association, an organisation that provides support and guidance through the regulatory and policy issues. This was intended to help the service keep up to date with current guidance and legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including the proper and safe management of medicines. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person specified in Schedule 3. Regulation 19 (3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had not ensured that the premises were safe; safety measures were not always in place. Regulation 15 (1)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person, if the service user is unable to give consent because they lack capacity, the registered person must act in accordance with 2005 Mental Capacity Act. Regulation 11 (1-5)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided, evaluate and improve practices. Regulation 17 (1)(2)(a)