

Tanglewood (Lincolnshire) Limited

Tanglewood Care Home with Nursing

Inspection report

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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

We carried out this inspection on 27 and 28 July 2017. The first day of the inspection was unannounced. The second day was announced so that we could complete all of the checks remaining from the first day.

Tanglewood Care Home with Nursing can provide accommodation, nursing and personal care for 55 older people and younger adults. It can also provide care for people who live with dementia and/or who have a physical disability. There were 49 people living in the service at the time of our inspection nearly all of whom were older people. The accommodation was a modern two storey building. In the grounds of the main building there were four self-contained bungalows each of which could be occupied by one person.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

Nurses and care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People were helped to avoid preventable accidents and medicines were managed safely. There were enough care staff on duty. Most of the necessary background checks on new care staff had been completed in the right way.

Nurses and care staff had received training and guidance and they knew how to care for people in the right way. People enjoyed their meals and they were helped to eat and drink enough. Nurses and care staff had ensured that people received all of the healthcare they needed.

People were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Nurses and care staff were kind and people were treated with compassion and respect. People's right to privacy was promoted and there were arrangements to help them to access independent lay advocacy services if necessary. Confidential information was kept private.

Although one part of a person's nursing care had not been planned and recorded properly, in practice they had received all the nursing care they needed. Other people who lived in the service had also been provided with all of the assistance they needed and had agreed to receive. Nurses and care staff promoted positive

outcomes for people who lived with dementia and people were supported to pursue their hobbies and interests. There were arrangements to quickly resolve complaints.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well led.

People and their relatives had been consulted about the development of the service.

Quality checks had been completed and the registered persons immediately further strengthened some checks to address two concerns we raised.

The registered persons had told us about significant events that had occurred in the service and they had correctly displayed the quality ratings we had given to the service.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

Good practice guidance had been used to promote positive outcomes for people who lived with dementia.

Tanglewood Care Home with Nursing

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 27 and 28 July 2017. The first day of the inspection was unannounced. The second day was announced so that we could complete all of the checks remaining from the first day. The inspection team consisted of an inspector, special professional advisor and an expert by experience. The special professional advisor was a registered nurse. An expert by experience is a person who has personal experience of using this type of service.

During the inspection visit we spoke with 18 people who lived in the service and with six relatives. We also spoke with two nurses, four care workers, the floor manager, two senior care workers, the laundry manager and two housekeepers. In addition, we spoke with both of the activities coordinators, the training manager, one of the directors of the company, the operations director and the registered manager. We also observed nursing and personal care that was provided in communal areas and looked at the nursing and personal care records for 10 people who lived in the service. In addition, we looked at records that related to how the

service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us.

After our inspection visits we spoke by telephone with another two relatives.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I'm pretty much okay here and certainly the staff are fine with me." Another person who lived with dementia and who had special communication needs smiled broadly when we pointed towards a member of care staff who was speaking with a visiting healthcare professional. Relatives were confident that their family members were safe. One of them remarked, "I find the staff to be courteous and helpful and I've never had concerns about them."

Records showed that nursing and care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that nursing and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

People were helped to avoid preventable accidents. We found that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. Windows were fitted with safety latches so that they did not open too wide and could be used safely. Furthermore, nurses and care staff had been given guidance and knew how to keep people safe in the event of an emergency such as the fire alarms sounding.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and nurses and senior care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection visit there had been an incident when a medicine had not been administered in the correct way. The registered manager said that the person concerned had not experienced any direct harm as a result of the mistake. Records also showed that the registered manager had established what had gone wrong and had taken appropriate action to reduce the chance of the same thing happening again. This included the member of staff concerned receiving additional training and all relevant staff being reminded about the importance of correctly following the registered persons' policies and procedures for the management of medicines.

Records showed and staff confirmed that there was always a nurse present in the service who was supported by a number of care staff. We concluded that there were enough staff on duty as people promptly received all of the nursing and personal care they needed.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to determine what background checks they needed to make. In addition, in relation to one person two of the necessary checks had not been completed. These shortfalls had limited the registered persons' ability to

assure the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff concerned since they had been appointed. Furthermore, the registered persons assured us that the missing checks would immediately be completed. They also told us that the service's recruitment procedure would be strengthened to ensure that all new care staff were recruited in the right way.

Is the service effective?

Our findings

People told us that the nurses and care staff knew what they were doing and had their best interests at heart. One of them remarked, "I like knowing there's a nurse always here, just in case I need them." Relatives were also confident about this matter. One of them said, "I think that the nurses and the care staff do a good job. There'll be the occasional hiccup but in general they know what they're doing and they work as a team so the care is consistent and not chopping and changing according to who's on duty at the time."

Records showed that nurses and care staff had received the training and guidance they needed and we found that they knew how to care for people in the right way. Examples of this were nurses and care staff knowing how to correctly assist people who experienced reduced mobility or who needed support in order to promote their continence. In addition, we noted that all of the nurses remained registered with their professional body and therefore had been confirmed as being competent to complete their clinical duties.

People told us that they enjoyed their meals with one of them remarking, "The food is good and you can have as much as you like." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered manager, nurses and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a nurse explaining to a person why it was advisable for them to take all of their medicines at the right times. This was necessary because the person had just declined to accept some of the medicines that had been offered to them. The nurse quietly explained to the person how their medicines were intended to relieve their symptoms and make them more comfortable. This explanation reassured the person who then happily accepted the medicines in question.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals so that a person's medicines could be changed in order to give them more reassurance when they became distressed.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The care staff are so kind to me". Another person said, "Nothing is too much trouble for them." We saw two people who lived with dementia holding hands with a member of care staff as all three of them looked out of the window and laughed as they watched birds sitting on a bird table. Relatives were also complimentary about this matter. One of them remarked, "Yes, I do think that the staff in the home are caring. I go to the service a lot and I've never seen anything wrong there and my family member tells me that they like the staff."

We saw that nursing and care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became upset because they could not decide if they wanted to go back to their bedroom to collect some sweets or sit in one of the lounges. A member of care staff noticed them becoming anxious and suggested that they both go to the person's bedroom to fetch the sweets and then go back to the lounge. Shortly afterwards we saw them both back in the lounge where the person was enjoying a sweet and having a drink of juice.

Nurses and care staff were considerate. We saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Other examples included nurses and care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was nurses and care staff asking people if they wanted to be checked during the course of the night.

We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was nurses and care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. One person told us that they wanted to have a lock fitted to their bedroom door so that they could ensure that people only entered their room when invited to do so. We raised this matter with the registered persons who said that a lock would immediately be fitted to the person's bedroom door. They also assured us that other people living in the service would be asked if they also wanted to have this facility.

People living in the bungalows told us that they liked having their own accommodation while at the same time being able to call on care staff for assistance if necessary. One of them described the arrangement as being, "The best of both worlds."

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, nurses and care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the nursing and personal care they needed. One of them remarked, "I get a lot of help from the staff for sure. All day and at night too they're around if I need them." Relatives were also positive about the assistance their family members received. One of them told us, "I'm confident that my family member gets the right care. When I call to see them they're always wearing their own clean clothes. Also, my family member has obviously been helped to wash, looks neat and has had their hair put up how they like it."

We were told that nurses and care staff carefully established what nursing and personal care each person needed and wanted to receive. This was so that nurses and care staff could prepare and follow an accurate care plan that described the assistance to be provided. However, we found that one part of one person's care plan had not been completed in the right way. This was because a nurse had not correctly recorded the help the person needed to receive in order to manage a particular healthcare condition. However, we also noted that in practice the person had received all of the nursing care they needed as a result of which the health care condition in question had improved. In addition, the registered manager showed us evidence to confirm that new checks had immediately been introduced to reduce the likelihood of the same mistake happening again. Furthermore, we saw that extra training had been arranged for all of the nurses to ensure that they correctly followed the registered persons' procedures when assessing and recording information about health care conditions.

We saw that other people's care plans were accurate and records showed that they too had received all of the nursing and personal care they needed.

We saw that nurses and care staff were able to provide reassurance for people who lived with dementia when they became distressed. We saw that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly remember the date of their birthday. A member of care staff gently pointed to a calendar and reminded the person that their birthday was quite close to Christmas. They then discussed with them the things that they associated with their birthday including decorations being put up and snowy weather. This helped the person to recall when they could look forward to their birthday occurring. After this, they were happy to chat with the member of staff about the presents they might receive.

Nurses and care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

People told us that there were enough activities for them to enjoy. One of them said, "There's pretty much something going on here most of the time." In addition, a relative remarked, "I often come and join in with the activities, the residents do get well supported to have some exercise and fun." Records showed that

people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, gentle exercises and games such as carpet bowls. In addition, we noted that people had been invited to attend a beach party day when staff had made the garden look like a beach by bringing in sand and having a real donkey present.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received one formal complaint. Records showed that the registered persons had correctly followed their procedure and had quickly resolved the matter.

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "I think that this place is pretty much how it should be and is well sorted." Relatives were also complimentary about the management of the service with one of them remarking, "It's well organised in general. There are always things that will go wrong but the manager isn't defensive at all and quickly put things right. That's a good sign in my book."

Documents showed that people had been regularly invited to attend residents' meetings at which care staff had supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. These included a bar being created in the service where people could enjoy relaxing with family and friends. We also noted that people and their relatives had regularly been offered the opportunity to regularly complete a questionnaire to give feedback about how well the service was meeting their expectations.

Records showed that the registered persons had regularly completed a number of quality checks that were designed to ensure that that people reliably received all of the nursing and personal care they needed. We noted that by the second day of our inspection the registered persons had already strengthened several quality checks in response to two concerns we had raised on the first day of our inspection. These related to the completion of recruitment checks and to the recording of the assessments completed of the nursing care people needed to receive. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to promptly establish that people continued to receive safe and consistent care. We also noted that the registered persons had displayed the quality ratings we had given to the service so that members of the public could be informed about how well the service was doing.

Nurses and care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for nursing and personal care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Nurses and care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from nurses and care staff acting upon good practice guidance. An example of this was the activities coordinators using professional websites to develop new ways of engaging the interests of people who lived with dementia. This had enabled them to introduce developments such as the greater use of heritage objects, colours and textures all of which helped people to enjoy taking part in social activities. This use of good practice guidance contributed to the promotion of positive outcomes for the people concerned.