

# Specialised Housing and Care Ltd

# Tanglewood

## Inspection report

252 Canterbury Road  
Hawkinge  
Folkestone  
Kent  
CT18 7AY

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

### People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; the service accommodated up to four people, with three people living there at the time of our inspection. There were no signs outside the property to identify it as a care home. People were encouraged to be a part of the local community; attending clubs and sporting events, visiting local shops and pubs.
- The registered manager and provider did not formally document quality checks they completed on the service. We identified that although accidents and incidents were documented, there was not a formal recording process in place, which was reviewed by the registered manager. We discussed this with the registered manager, and they implemented improvements following the inspection.
- People and their relatives told us they felt safe living at the service. Staff understood their safeguarding responsibilities, and people were supported around risks, and taking positive risks. People were involved in keeping the service clean, and supported by sufficient staff numbers. People received their medicines when they needed them, and in their preferred way.
- People were supported eat and drink sufficient amounts to maintain good health. People were supported to live healthy lives, and encouraged to take part in regular exercise. When people's needs changed, staff supported them to access healthcare professionals.
- People were treated with kindness and compassion. People were supported and promoted to be as independent as possible. People were involved in their reviews, and supported in decision making for more complex decisions. Staff received the training, support and supervision to enable them to support people to the best of their abilities.
- People engaged in a range of activities they told us they enjoyed. Care plans we reviewed were person centred, and up to date, reflecting people's current needs.

- Relatives told us they knew how to raise concerns or complaints but had not had cause to. The provider was in the process of receiving formal feedback from relatives, people and stakeholders. Staff, people and relatives told us there was a positive culture within the service, that promoted positive outcomes for people.

The service met the characteristics of Good in most areas; more information is in the full report.

Rating at last inspection:

This was the first inspection of Tanglewood under a new registration due to changes to the provider.

Why we inspected:

This was the first inspection since a new provider took over the registration.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Tanglewood

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Tanglewood is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that they are registered with the Care Quality Commission and with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

Not everyone living at Tanglewood could tell us about their experiences living at the service.

- We spoke with one person, and spent time observing staff with people in communal areas during the inspection.

- We spoke with the registered manager, home manager, and four staff.
- We reviewed a range of records. This included two people's care records and medicine records.
- We looked at recruitment records, supervision and training records of all staff.
- We reviewed records relating to the quality and management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Staff had received training in safeguarding and were able to tell us the steps they would take if they had concerns about someone.
- One staff member told us "I would document what I had seen, and discuss it with a senior or speak with the manager. I would contact CQC and tell them."

Assessing risk, safety monitoring and management

- A relative told us, "Yes, they're safe. They've been there a long time and we've not had cause for any safety concerns." Another relative told us, "I do not worry about them at all now they're there. I feel totally relaxed. It's taken away all the worry. It's given peace of mind."
- Risks to people had been assessed and mitigated. People had risk assessments in place to guide staff on how best to support people, for example with shaving or being out in the community.
- Staff had received training in managing behaviour that challenges, and could describe to us how they would support people if they displayed those behaviours.
- People were encouraged to take positive risks. For example, one person had been supported, at their request to move to an upstairs bedroom. Staff implemented a risk assessment, and phased support for the person, that started with them using a call bell when they needed assistance to them progressing with using the stairs safely independently. As a result of moving upstairs, the person had grown in confidence.
- Regular checks were completed on the environment to ensure it was safe for people, staff and any visitors at Tanglewood. Staff checked water temperatures on a daily basis to prevent the risk of people scalding themselves. Staff also completed weekly checks on fire equipment to ensure it was in working condition.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe.
- Staffing was determined by the support people needed and reviewed when people's needs changed.
- During the inspection we observed there were sufficient staff to engage with people, and support them to take part in activities.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and obtaining a full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employer's make safer recruitment decisions.

Using medicines safely

- People continued to receive their medicines safely. Not everyone at Tanglewood was in receipt of prescribed medicines.

- Records were kept of people's medicines administration, which were up to date and contained no gaps.
- There were protocols in place for people who had 'as and when' (PRN) medicines.
- Staff received training and competency checks in medicines administration and told us they felt confident to support people with their medicines.

#### Preventing and controlling infection

- The service was clean and tidy and without odour during our inspection.
- Staff received training in infection control, and we observed them utilising personal protective equipment appropriately.
- People told us they sometimes supported staff with the cleaning of the service. One person told us they hoovered and cleaned their room with the support of staff.

#### Learning lessons when things go wrong

- When things went wrong, for example if there was an accident or incident staff documented this in people's notes, and shared this information within handovers.
- At the start of each shift, staff reviewed people's daily notes, and the handover documentation.
- Staff discussed any incidents and how to reduce the likelihood of them reoccurring during team meetings.
- People were safe living at Tanglewood , and there were very few accidents or incidents.
- We discussed the documentation of accidents and incidents with the registered manager. Following the inspection, the registered manager implemented an accidents and incidents form for staff to complete, which the registered manager would review to ensure effective action had been taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- No one had moved into the service since our last inspection. However, the registered manager was starting the process of assessing people to move into the service to ensure the service could meet their needs.
- The providers pre-assessment included meeting with the person, making observations on the care they needed, and speaking with staff or family who supported the person. The registered manager told us they were under no pressure to take a new person, and would wait until they found someone who complimented the people already living at the service. They told us, "The priority is and always will be the wellbeing of the people we have here now."
- The assessment process also considered people's protected characteristics under the Equalities Act 2010 including their culture and religion.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support needed to complete their roles.
- We reviewed the training matrix which was up to date.
- Staff told us they received regular supervision. As the service was small, and management often worked alongside staff, any performance issues were promptly resolved.
- Since the new provider took over, no new staff members had been recruited. However, the registered manager had an induction process for new staff to follow.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts to maintain good health. People told us, and documentation reviewed confirmed people were offered a varied balanced diet in order to have sufficient nutrition and hydration.
- People were consulted on what they wanted to eat and drink, and told us they sometimes helped staff to prepare food.
- Some people had health care conditions which required them to have a specific diet. We observed the person to receive the relevant nutrients needed. One person told us, "Pizza is my favourite food, we cook a healthy pizza."
- During mealtimes, staff would sit with people, and support them to ensure they were protected from potential risks, for example choking.

Staff providing consistent, effective and timely care. Supporting people to live healthier lives, access healthcare services and support

- People had regular appointments with healthcare professionals including the GP, dentist and optician.
- People had information to take with them to share with other healthcare professionals, for example if they needed to go into hospital.
- People were supported to live healthier lives. One person had an exercise machine, staff encouraged them to use this on a daily basis.
- Staff told us of the importance of encouraging people to remain active and as fit as possible; so people were supported to walk regularly.
- One person attended an aqua fitness class. Staff told us that due to the frequency the person attended the class they had increased their strength in their arms.

#### Adapting service, design, decoration to meet people's needs

- People were involved in the decoration and design of their rooms. For example, one person had their room colour to match one of their favourite characters. Although people could not see the colours, staff described it to them, and people were able to tell us what colours their rooms were.
- People's bedrooms were personalised person centred, and contained collages of them enjoying activities and holidays.
- People had access to a large decked patio, leading down to a garden with raised beds, that they helped staff to maintain during the summer months.
- Tanglewood was very homely, with photographs of people enjoying activities around the service.
- There was a dado rail in the hallway, to support people to navigate their way around the service, and there was different flooring types in each room to help people's understanding of which room they were in. We observed people moving freely around the service during our inspection.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- When people needed to make more complex decisions about their care and treatment, staff organised a best interest meeting to be held, for example when someone wanted to move bedrooms.
- Staff showed a good understanding of the MCA and how they supported people with decision making. One staff member told us, "We ask them everything. What drink they want. What food they want. If they want to go out for a walk. How and where they want to spend their time."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "Whenever we witness them getting stressed, staff work with them to calm down." Another relative told us, "We couldn't be more pleased with the service."
- There were strong relationships built between staff and people based on mutual respect. One person told us they had nicknames for all the staff, which they all laughed and joked about.
- People had a dog that belonged to, and lived at the home. We observed people interact with the dog and smile when it sat with them. One staff member told us, "We try to capture what it is to have a home. The dog is a part of that."
- Staff told us that people regularly walked the dog, and held its lead during the walks, which they enjoyed.
- The registered manager told us of the service, "It's very much a caring and family environment."
- Staff spoke fondly of people. One staff member said, "Their smile could light up a room."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care reviews. One person's care review detailed that they wanted to take part in cooking more frequently. Staff had created a risk assessment for the person to be involved in cooking, and encouraged the person daily to be involved in food preparation and cooking.
- Most people were supported by their loved ones to make decisions about their care and treatment. However, some people had been supported by an advocate. An advocate is an independent person who helps people to express their views and wishes and to stand up for their rights.
- People's loved ones told us they were kept up to date with all aspects of people's care and treatment, where they had the right to be and according to people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. For example, when supporting someone to get dressed, staff guided them through where their clothes were, and talked them through getting dressed.
- Staff told us they described outfits to people, to support their decision making on what to wear.
- Staff respected people's privacy and dignity. Staff told us they knew people well; what they were able to do for themselves and what they needed support with. Staff ensured curtains and doors were shut when supporting people with personal care.
- People were supported to maintain relationships with their loved ones. A relative told us they were "Always welcome" at the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported in a person centred way. For example, one person was known to become anxious whilst being supported with personal care. Staff told us "[Person] really doesn't enjoy personal care, but if you put their name in a song they love it." Therefore, staff sang to the person whilst supporting them with personal care to reduce their anxieties.
- People received individualised care from a staff team that knew them well. For example, during lunch staff told us each person liked their sandwiches cut in different ways.
- People's care plans we reviewed were up to date and reflected their needs.
- People were involved in regular reviews, that included healthcare professionals.
- People were supported to take part in meaningful activities of their choice.
- People attended the local day centre for education and courses, and people enjoyed attending the discos held there regularly.
- People were supported to take part in a range of activities including swimming, aqua fit, walks, attending wildlife centres, and visiting other towns.
- People were involved in the local community. For example, one person went to a local rugby match. Staff told us they walked the person around the edge of the pitch to give them a sense of the size of the pitch. We observed staff discuss the rugby with the person during the inspection, which they enjoyed.
- People were supported with the use of technology to enhance their care and support. For example, people had audio books they enjoyed listening to, and some people enjoyed applications on electronic devices.

Improving care quality in response to complaints or concerns

- There had been no complaints logged since our last inspection.
- There was a complaints process in place, and people and their relatives were supported to discuss any issues during reviews.
- People and their loved ones told us they were aware of the process and knew how to raise concerns or complaints. One relative told us, "We have never had a complaint. But I would speak with the manager, no hesitation. They are very open."

End of life care and support

- There was no one being supported with end of life care at the time of our inspection.
- The registered manager had organised to have discussions with people and their relatives during their care reviews to develop end of life care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Accidents and incidents were not recorded in a clear format, and there was no evidence of oversight from the provider or registered manager. The risks of this were mitigated by incidents being documented in daily notes, and the registered manager reviewed these daily notes. However, there was a risk that action could not be taken to minimise the risk of an incident reoccurring. Following the inspection, the registered manager took steps to address these issues.
- The registered manager had informed CQC of significant events that happen within the service, as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a positive culture within the service. Staff and the registered manager had shared views on providing person centred care to the people they supported. One staff member told us of the culture, "I love it. I just love the atmosphere. I love the way the guys are looked after."
- The registered manager told us, "Our greatest asset is the guys we look after, followed by our staff team."
- A healthcare professional told us, "Tanglewood has always been a homely service with an emphasis on family led support by a stable staff team. They have a good awareness of people's health needs and strive to ensure that good nutrition is provided."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular team meetings, to discuss the service and any improvements that could be made.
- Staff told us one person liked to be a part of the team meetings; they enjoyed the interaction.
- Feedback questionnaires had been sent to people and their relatives, following the providers first year since taking on the registration, but these had yet to be returned and analysed by the registered manager.
- Relatives told us they felt engaged with the service, and able to make suggestions to improve the quality of care.

Continuous learning and improving care and working in partnership with others

- The registered manager attended different forums to share and learn good practice.
- The registered manager completed regular training, and received information from external sources, which was shared with staff, for example the CQC newsletter.
- The registered manager had formed relationships with healthcare professionals and wider groups.
- The registered manager was working with a similar home owned by another provider to discuss best practice and to implement improvements.