

Tanglewood (Lincolnshire) Limited

Cedar Falls 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?

Outstanding 

Overall summary

The inspection took place on 15 December 2014 and was unannounced. At our last inspection the provider had been fully compliant with the regulations we inspected.

The home provided care for up to 93 people of all ages, including those who live with a dementia or who have a physical disability and who require nursing or residential care. The home was purpose built as a care home with the first floor of the building being a secure dementia

unit. Each area of home was given a road name. The names used were all well-known town centre locations and would have been familiar to people. Pictures on the walls were also of well known local scenes in days gone by. There were also 10 bungalows in the grounds where people can live more independently but still be monitored and supported by staff. The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

People were protected from the risks of harm as staff had appropriate training to be able to identify risks to people's health, safety and welfare. Records showed care was planned to keep people safe and to minimise the level of risk. Medicine was obtained, stored and administered safely.

There were enough staff to keep people safe and to ensure care was provided in a way which met people's individual needs. Shifts were arranged to increase the level of staff working over the busy times of day such as when people were getting up or having lunch. The registered manager continually reviewed staffing levels against people's needs and had the ability to increase staffing levels if needed. The provider carried out appropriate checks before employing people.

Staff received appropriate training to ensure they had the skills needed to care for people. They were supported to maintain and improve their skills with regular meetings to review the care they provided to people. Staff received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These are laws which protect people's rights when they are unable to make decisions for themselves. Records showed that appropriate mental capacity assessments were completed and where people did not have the ability to make decisions, best interest meetings were held.

Mealtimes were a relaxed and calm experience for people. They were offered a choice of food and meals were freshly cooked and appetising. Staff assisted people with their meals and spent time talking to the person

about the meal. Where people did not want the meal they had previously chosen alternatives were offered. People were appropriately referred to health care professionals to assess if they could eat safely or needed help maintaining a healthy weight.

People received care from attentive and engaged staff who knew how to protect people's privacy. Staff knew people's care needs and offered support in a gentle and respectful manner. People were supported to bring in furniture from home and to decorate their rooms to their own taste. People were offered choices about the care they received and their choices were respected.

Care plans reflected people's needs and were updated when needs changed. They were used by staff to see how people liked to receive care. Activities co-ordinators supported people to pursue individual hobbies as well as take part in group activities. Increased activities in the unit reserved for people who lived with dementia allowed staff to personalise activities and people were calm, relaxed and engaged in what they were doing.

The registered manager had multiple systems to receive feedback on the care that was provided to people. These included residents' and relatives' meetings, a comments box and annual questionnaires. The registered manager was available to people who used the service, relatives and the staff and responded appropriately and compassionately when concerns were raised. The registered manager looked to continually improve the level of care people received and engaged with national recognised projects to ensure staff had appropriate skills and knowledge. There was a robust system of checks and audits to identify any problems with the service people received. Where problems were identified action was taken to resolve the issue.

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 safe.

Risks to people's safety were identified and care was planned to reduce the level of risk people were exposed to.

Staffing levels were planned to ensure there were enough staff at busy times of the day to ensure people were supported in a calm and relaxed manner.

Medicines were managed and administered in a way which ensured people were safe and received appropriate care.

Good



Is the service effective?

The service was effective.

People's human rights were protected as the provider ensured decisions were made in line with legal requirements.

Mealtimes were relaxed and people were supported to eat fresh cooked food.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind, respectful and engaged them in conversation.

People were encouraged to make decisions about their care and people's choices were respected.

Good



Is the service responsive?

The service was responsive.

Care plans contained information about the person and how they liked to receive care. People were supported to maintain their hobbies and take part in group activities.

The provider had a number of ways for people to raise concerns about the care they received. The registered manager reviewed the concerns and took action to improve the service people received.

Good



Is the service well-led?

The service was well led.

The registered manager and staff were approachable and people trusted them to provide appropriate care. The registered manager engaged with national projects to identify best practices in providing care to continually improve the service provided.

There were systems in place to assess and monitor the quality of service people received, identified concerns appropriately and the registered manager took action to resolve concerns.

Outstanding



Cedar Falls 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 provider was 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.

This inspection took place on 15 December 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection we reviewed the PIR and other information we held about the provider.

We spoke with seven people who lived at the home and seven relatives. Some people had problems with their memory and were unable to tell us about their experiences of living at the home. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two nurses, two senior care workers, a care worker and the registered manager. We reviewed six care plans and looked at the medicine records for people who required residential care.

Is the service safe?

Our findings

We found the registered manager supported people living at the home and visitors to feel safe raising concerns about the standard of care they received. There were signs on notice boards in communal areas explaining how to raise concerns with the local authority if people felt they were at risk of harm.

Staff said they had received training in keeping people safe, what the different types of harm were and behaviours which may indicate a person was subject to abuse. Staff were aware of how to raise a concern within the organisation and with external agencies. Staff told us the provider's safeguarding policy and the telephone number for the local safeguarding authority were accessible in the staff room.

The registered manager had appropriately notified the local authority and CQC of any incidents they had where people may have been at risk of harm. Records showed the registered manager had investigated all of the concerns raised and put processes in place to protect people from harm.

We saw where risks to people's safety and welfare had been identified, systems had been put in place to manage the risk. Care plans had identified the risks to people when receiving care. Records showed plans had been put in place to monitor the level of risk and to take appropriate action. For example, when people were identified to be at risk of malnutrition they were referred to a dietitian. Appropriate equipment, for example, pressure relieving equipment was in place to support the safe delivery of care.

Records showed accidents and incidents were fully investigated and appropriate action was taken to reduce the risk of a similar incident occurring in the future.

People told us there were always enough staff to ensure their needs were met. One person said, "I came into the home due to the dressing on my leg, which is changed every three days. I really can't fault the care. I don't have to wait when I ring the bell and the girls [care staff] always chat while they help you."

Shifts were set to increase the level of support at busy times of the day. For example, some day staff started

working at 6am and some at 7am, while the night staff did not leave until 8am. This meant that there were extra staff to support people when they wanted to get up. This system was also in place over the lunch period so that staff were available to support people with their meals.

The registered manager told us they were able to be flexible in their staffing levels so that they could respond if a person's needs increased. This was confirmed by staff who told us if they thought more staff was needed they could talk to the registered manager who would look at the needs of people being supported.

Records showed safe recruitment processes had been followed and ensured the people who were employed were safe to work with people who may not be able to look after themselves.

People told us medicine was given at the same time every day. A visitor told us, "[Relative's] medicines are given on time."

We saw one person was nearing the end of their life. The registered manager had worked collaboratively with local palliative care staff and had arranged for appropriate medicine to be available if needed. This had been done so that the person could be kept comfortable by staff without having to wait for medicine to be prescribed and dispensed.

We saw medicine was administered to people safely and staff respected people's wishes around their medicine. For example, one person did not like to be watched so the nurse gave them their tablets and then went to the drugs trolley and observed from a distance until they saw the person taking the medicine. Records for recording when a person had taken their medicines were accurately completed. Records supported the safe administration of medicine. For example, where a medicine was to be taken once a week the records clearly indicated the day it should be administered.

Medicines were checked when they were received into the home to ensure they were correct. Medicine audits were routinely completed and an external audit by the community pharmacist had been completed three days before our visit and no issues were identified.

Is the service effective?

Our findings

When staff started to work at the home they were required to complete an induction. This included training on safe moving and handling of people and how to keep people safe from infection. New staff also shadowed a more experienced colleague for two days before they were gradually supported to start providing care.

Staff told us they were supported to receive ongoing training in appropriate subjects and that they were supported to study for nationally recognised qualifications. The upstairs floor of the home was dedicated for people who were living with a dementia. All staff were required to complete a 12 week course of study and achieve a certificate in dementia care before working with people who lived with dementia.

Staff told us they received regular supervisions. These were meetings with their line manager where they could discuss their care practices and training needs. They told us this supported them to provide safe care to people.

We saw where people had the ability to make a decision their decisions were recorded and respected. Where people were unable to make decisions for themselves the care plans recorded if anyone had the legal powers to make decisions on their behalf. This meant it was clear who was able to give consent for treatment or if a best interest meeting was required. A best interest meeting is where relatives and health and social care professionals discuss and agree what action to take what is in the best interest of the person receiving care.

Staff we spoke with were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. These are laws which ensure people rights are protected when they are no longer able to make decisions for themselves. Records showed where people had been unable to make decisions for themselves appropriate people had been involved in making decisions for them.

People said the meals were good and they were supported to eat as much as they wanted.

One person said, "The food is ok and there is a choice." A relative said, "The food is well presented and always hot. There is lots of choice and also snacks." Another relative told us, "He is fed well and the soft diet is presented in a way which is appetising."

There was a menu sheet that staff took around each day to record what people would like to eat. This sheet included information on people's dietary restrictions so that they were not offered inappropriate food. For example, some medicine will react to grapefruit and reduce the effectiveness of the medicine.

We spent time observing lunch and saw that it was a calm, relaxed and pleasant experience for people. There were enough staff around to ensure that people were supported appropriately. Staff were attentive and kind. We saw staff sat next to the person they were supporting, discussed the food with them and offered them food at an appropriate pace. Drinks were offered to people on several occasions and staff checked with people about how they enjoyed their food.

Menus were changed three times a year and people living at the home and their relatives could make suggestions of what they would like to see on the menu. Food was discussed at residents' and relatives' meetings and the chef told us they spoke with people at meal time to see if they enjoyed their food. Where people were unable to give their opinion the chef spoke to the staff who supported them to see if they had enjoyed the meals.

Where people were at risk of not eating enough to stay healthy we saw staff took appropriate action to keep people safe. Appropriate referrals were sent to the speech and language therapist to assess if people could swallow effectively. When a person who was eating started to cough the nurse attended to them immediately, reminding them that they need to swallow twice between each mouthful. A carer then stayed with the person to encourage them to eat safely.

A relative said the manager was responsive to any concerns they raised and ensure people were seen by the GP when necessary. Records showed a number of other healthcare professionals had been involved in people's care where appropriate. For example, one person with a chronic wound had been seen by the tissue viability nurse.

Emergency transfer sheets had been completed for each person so that information about the person's care needs and medicines was ready to be taken to hospital in case of emergency.

Is the service caring?

Our findings

People said that they liked living at the home. One person said, "Oh it's lovely, I enjoy it. They look after me well and I can go to bed and get up when I want. The food is good and I like sitting here." Another person said; "I have been happy living in the home since I moved in. Everyone (staff) always speak as they go by my room. I like my own company and spend my time in my room. But the staff will make the effort to come in and say hello and check I am OK."

People were supported to personalise their surroundings. We saw one person had decorated their bedroom ready for Christmas and another had brought in their own arm chair from home. The registered manager said they were happy for people to change their surroundings.

People said they had the opportunity to make choices about their care. One person said, "The food is lovely, you get a choice, they will ask you today what you would like tomorrow. If I didn't want either I would ask for something else." We observed people being offered freedom and choice in their care. We saw one person in a communal area asked for more biscuits. The nurse asked if they wanted to go with them to fetch the biscuits or whether they wanted someone to bring the biscuits to them.

We saw staff were observant and anticipated people's needs. For example, we saw a staff member walked past a person's room and noticed that a drink that they needed to help them maintain their weight was on the table. The member of staff took time to ask if they needed any help to open the drink.

We saw when staff supported people at meal times this was done quietly and gently. They ensured the person's attention was focused on them and explained what was on

the plate. Where people did not eat a main course staff took time to see if they wanted an alternative or if they would like a pudding. Equipment was also available to support people at mealtimes. For example, we saw adaptive crockery and cutlery was used so that people could eat independently.

In the unit reserved for people with dementia we saw there were enough staff to support people in small groups rather than one large group. This enabled staff to provide more care personalised care to people. For example, we saw that a member of staff noted a person was cold and fetched their cardigan from their room so they could be more comfortable.

We saw information was available to people regarding their rights to have their voice heard and how to get an advocate. An advocate is an independent person who can help you say what you want to say about the care you receive.

We observed staff interactions with people and saw they respected people privacy and dignity. They did this by ensuring doors and curtains were closed when providing personal care. Where people had chosen to share a room with another person the rooms were large enough to ensure privacy was protected.

Staff also supported people to maintain their independence. We saw when staff supported people to walk with a frame they gently encouraged the person to walk in a safe manner and at a speed which suited them.

As well as the two main lounges we saw there were other seating areas in the home. These were comfortably furnished with easy chairs and occasional furniture. We saw many people chose to take advantage of these seating areas and they provided space for people to be private with their relatives in a homely surrounding.

Is the service responsive?

Our findings

People told us there were plenty of activities to keep them entertained. One person said, "I love doing my colouring books and they always get me new ones." People were supported to maintain links with the local community. One person said how the local school children had been in to sing to them and during our visit we saw the local police visited the home. The registered manager told us this supported people to feel safe.

People also told us that staff were responsive to their needs and understood people's individual actions and how to support them appropriately. One person said, "The staff have got to know my husband really well and are able to care for him. He can be very aggressive but they have learnt how to manage him. The care is good and I have no real concerns."

Care plans we looked at contained information to enable staff to personalise care. We saw there was a section in the care plan called all about me which recorded people's family background and previous occupations. There was also information recorded about people's hobbies, their favourite foods and if they liked to watch anything on the television. Care plans had been reviewed at regular intervals and when changes in people's care occurred. This meant they reflected the current care people needed.

Staff we spoke with were aware of people's care needs and how they liked to receive their care. For example, they told us one gentleman always preferred a wet shave and so they did this every day for the person. Staff told us they had time to read the care plans, if they had any questions about how a person liked to receive their care.

There were a number of activity co-ordinators in the home. This allowed activities to be provided for 60 hours a week upstairs where people with dementia needed more support and 30 hours a week downstairs where people were more able to be independent in accessing their hobbies and activities. During our visit we saw there was an entertainer singing to people in the downstairs lounge, we saw people were encouraged to join in and enjoyed themselves singing, laughing and clapping. We also

observed the main lounge in the dementia unit and saw people were supported to be occupied. Some people were playing bingo, others were supported in small groups by staff. We noted that they were completing crosswords, reading books, playing ball and playing with musical instruments.

We saw there was information available throughout the home on the activities available to people. In addition the notices people received a newsletter which advertised activities both within the home and in the wider community.

The registered manager organised residents' and relatives' meetings where people could comment and suggest changes about the care they received. One relative said, "The residents' meetings are good and I also attend the dementia support group. We asked to have the meetings on a monthly basis as we found them so supportive and helpful. I am always welcomed into the home by staff." Records showed that staff such as the chef and activities co-ordinators attended the meetings so that any concerns raised could be acted on.

People said they could raise concerns at any time and did not have to wait for a residents' meeting to do so. One person told us, "Anytime I've had any queries I tell the nurse or registered manager- there is no problem talking to people." Another person told us, "I have made it my home and made friends. You can't ask for everything, but I am happy with the support I receive. My family are close by and when they visit never have any concerns. We all know if we did who we would speak with [registered manager]."

There was a comments box in the main reception area and information on how to make a complaint was available throughout the home. There had been no written complaints received since our last inspection. The registered manager had received one verbal complaint that a hot meal had not been available to a person after they had been out for the day. This had been discussed with the catering staff and a hot meal was now made available to people when they had been out for the day. The provider had received a number of compliments over the last year.

Is the service well-led?

Our findings

People said that the registered manager was approachable, responsive to ideas and always investigated concerns raised. They ensured they supported both the person in the home and their families and recognised the importance supporting that relationship. One relative said, “The [registered] manager is fantastic, she always acts if there is a concern. I had one around my husband’s medication and she sorted it out straight away. She is on the ball. The [registered] manager even encouraged me to go on holiday and have some time for myself, and everything was ok when I got back.”

The registered manager led by example and this open approachable attitude was shown by all the staff we spoke with and observed in the home. A relative said, “Nothing but praise for the home and the staff. It’s a well-run home. The [registered] manager is very good. Some of the nurses have become friends and we catch up over a cuppa when I come in.”

This caring and supportive atmosphere and the ability to raise concerns and be confident they would be dealt with meant that people in the home and their relatives had trust in the registered manager and staff. A relative said, “I feel very comfortable leaving my husband here and know he is well cared for and looked after. If I did have concerns I would raise them straight away. I need to praise it and I would definitely tell you if I thought there was anything wrong here.”

As well as the registered manager and staff having a trusting relationship with people and their relatives, they encouraged and supported people and relatives to support each other. One relative told us, “We all visit every day and we are a good support network for each other. We attend the relatives’ meetings and find them a good forum for raising any concerns. The [registered] manager is always in the background and is firm but fair and very approachable.”

The registered manager was continually responding to concerns and identifying ways to improve the quality of care provided to people. For example, records showed that at a recent residents’ meeting people had requested that the registered manager wore a uniform so they could easily identify her. The registered manager had obtained and was

wearing their new uniform. Several people commented on it and how smart they looked. The registered manager told us they were proud of the home and the care it provided to people.

Staff said that the registered manager was approachable and supportive. One member of staff said, “I think she [registered manager] is approachable, she has been really good with some personal issues she was there for me.” This meant staff could manage issues and reduce the impact they had on the care they gave to people.

Where issues arose that may impact on the standard of care that people received the registered manager took appropriate action. One person told us, “I did raise a concern around the poor English skills of some staff, they talk so fast sometimes I can’t understand them. This has improved since we raised it and we also try and help the staff with words.” We discussed this with the registered manager who said they had arranged English lessons for staff who had English as their a second language.

The registered manager continually improved their own skills and knowledge and applied their learning to the care people received. The manager had completed a degree in dementia care, as part of their degree they reviewed the activities provided to people and identified the need to increase the level of activities provided. They had been able to present their business plan to the provider to show how people would benefit from increased activities and the provider had been supportive and had provided the budget. The registered manager supported the local dementia support group and provided a place for them to meet. They also supported the group to raise issues with people who could influence national dementia policy.

The registered manager engaged with external organisations to ensure that the care provided met national best standards. The registered manager and staff had recently passed the re-accreditation for the Palliative Care Gold Standards Framework. This was a national project which ensured staff were appropriately trained to give people a high quality of care at the end of their life. The registered manager had also arranged for the home to be involved in a project run by the National Institute of Health Research. The project was an evaluation on the care people with dementia needs and how to train staff to meet those needs. The end product of the research would be a nationally recognised training programme for staff supporting people who live with dementia.

Is the service well-led?

During our visit we saw the managing director of the company. We saw that they interacted with staff and people living at the home. People told us the managing director visited often and would speak to them. The area manager also visited the home while we were there. It was clear that both the area manager and the managing director had trust in the registered manager's abilities and were happy to remain in the background.

The registered manager completed a number of quality assurance questionnaires each year. These were sent to people who lived at the home, their relatives and other healthcare professionals who visited the home. The registered manager was in the process of gathering the current year's information to identify if there were any areas which needed improvement.

The registered manager listened to the staffs' views and acted when staff raised concerns. One member of staff said that staffing had improved recently as there had been a period when they felt a bit short staffed. Staff had raised concerns and they felt the management listened.

An accident book was in place and any accidents were recorded, investigated and actions taken to reduce the risk of them reoccurring. Accidents were audited on a monthly basis to identify if there were any patterns for example, a certain time of day. This information was used to review if staffing levels required amendments.

The registered manager was proactive in identifying where improvements in the care people received could be improved. They had liaised with the local mental health trust and had arranged for people who needed to see a psychiatrist to be seen at the home. This meant the person was in a familiar setting and would not have the stress of traveling to an appointment.

Records showed regular audits were completed, we saw where concerns were identified the registered manager developed appropriate action plans to ensure the issues were resolved in a timely fashion.