

Tanglewood Care Services Limited

# Tanglewood Cloverleaf

## 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

### About the service

Tanglewood Cloverleaf is a nursing and residential home providing personal and nursing care to 65 people at the time of the inspection. The service can support up to 72 people. The care home is purpose built and accommodates people over three floors.

### People's experience of using this service and what we found

On the day of our visit there were enough staff to support people. However, the feedback from people, staff and the management team was that the service had been short staffed due to sickness and staff leaving. The management team had clear plans in place to manage sickness and had already recruited new staff. They continued to work on recruitment to strengthen the staff team.

People felt safe and there were systems and processes in place to ensure staff were safeguarding people from possible abuse. Risks to people's safety were assessed and measures in place to reduce those risks. Staff received appropriate training for their role.

People's medicines were safely managed and there was clear infection prevention practices in place to protect people from possible infections such as COVID-19. Their nutritional and health needs were well managed and the environment they lived in was well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us the staff team treated them with care and respect, and their views on their care were listened to. Staff showed a good awareness of supporting people's privacy and encouraging their independence.

People received person centred care in a way of their choosing. Staff supported people at the end stages of their lives in a caring and empathetic way. Staff had a good knowledge of people's needs. People were supported to engage in social activities of their choice, and although people told us they had no complaints, there were processes in place to deal with any should they arise.

The service was well-led and the registered manager worked in an open way with people, their relatives, staff and health professionals to provide a good quality of life for people. There were quality monitoring processes in place to monitor practices and maintain good standards of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 07/10/2019 and this is the first comprehensive inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks. During our inspection we found there had been times when the service had been short staffed. However, the provider had responded to these issues and at the time of our inspection there was sufficient staff in place to support people and the registered manager continued to work to maintain this.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# Tanglewood Cloverleaf

## Detailed findings

### Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Tanglewood Cloverleaf is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, the regional manager, registered manager, deputy manager, senior care workers, care workers, housekeepers and the kitchen staff. 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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives and six staff members.

# Is the service safe?

## Our findings

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

At the last focused inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with felt safe living at the service, when asked why, a group of people said it was the staff who made them feel safe.
- Staff were aware of their responsibilities in protecting people from abuse. One member of staff said, "I have never come across any issues. I would report it straight away, at the end of the day we (staff) are their (people's) voice." The service had clear visible guidance for staff on managing any safeguarding concerns and staff received up to date training to support their knowledge.
- Where safeguarding issues had been raised to the registered manager, she had undertaken appropriate actions, such as, thorough investigations, where necessary supporting staff with further training or disciplining staff. There was clear learning from events such as supervisions, reflective practice and targeted training.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed and measures were in place to mitigate these risks. For example, people at risk of skin damage had information on how to support them and the aids needed to reduce pressure damage to their skin. During our visit we saw people had specialist mattresses in place and staff were repositioning people in line with their risk assessments.
- Where people were at risk of falls they had walking aids in place and people were wearing good fitting footwear to reduce the risk of trips.
- People were protected from environmental risks such as fire. There were personal emergency evacuation profiles (PEEP) in place for people to ensure they were safely supported to evacuate the building should they need to.

Staffing and recruitment

- On the day of our visit there were enough staff to support people. Both people and staff told us there had been some shortages of staff which had resulted in people having to wait for the care they needed. One person said, "You sometimes have to wait a long time to go to the toilet." Staff told us there had been times when the staffing levels had not met the established number of staff required and they needed to prioritise their workload or had felt rushed.
- The registered manager told us there had been a high turnover of staff and at times staff sickness had affected staffing levels. The registered manager told us they continued to work on recruitment, but she felt it was important to employ the right staff with the right skills and attitude for the role. She had brought in initiatives to aid recruitment such as staff referring a friend. The registered manager also had clear processes in place to manage staff sickness.
- There was also evidence to show the registered manager had both reviewed incidents and accidents. She

had listened to staff and put extra members of staff on a twilight shift and early morning shifts to ensure people were supported.

- There were safe recruitment processes in place to ensure fit and proper people were employed at the service. Such as references from previous employers and the use of the disclosure and barring service (DBS) which is a service that checks if people have criminal records.

#### Using medicines safely

- People's medicines were managed safely. Staff administering medicines were provided with training and support. We saw staff administering medicines safely. Medicines were stored safely. Where people required medicines on an as required basis there was clear protocols in place to ensure staff administered these medicines safely.

- There was a concern raised to the registered manager about the frequency of controlled drugs checks. The registered manager reviewed their practices and made changes straight away.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

At our last focused inspection this key question was not inspected against. This is the first inspection to report against this key question. This key question has been rated as Good.

This meant 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

- People's needs had been assessed when they moved to live in the service in line with nationally recognised guidelines.
- For example, people's weights were monitored using the nationally recognised Malnutrition Universal Scoring Tool (MUST) which gave staff guidance on how to manage variances in people's weights. The information was reviewed each month and was consistent with other assessments for areas such as tissue viability. The measures in place following assessments had been implemented by staff to provide safe care for people.
- People's protected characteristics under the Equality Act were considered and the registered provider had policies and procedures in place in line with legislation and standards in health and social care, to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. The service had a training manager in post who worked to support staff in their roles. New staff told us they had received a clear induction and felt supported by their colleagues. One new member of staff said, "Seniors (senior care staff) are lovely and so caring."
- One new member of staff told us although they had some training on managing challenging behaviours, they felt they could benefit from further training in this area. We fed this back to the senior management team. The registered manager agreed and told us the provider had already planned some further training sessions for staff in this area which would start within the next two to three months.

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

- People were supported to enjoy a healthy diet and told us they enjoyed the food they were served. One group of people we spoke with told us they were always offered choice and if they didn't want what was on the menu, they could have something else. One person said, "I enjoy the salads." Relatives were happy with the way staff supported their family members to maintain a healthy weight. One relative told us the structure and support their family member had received had impacted positively on their weight. They said, "[Name] has a good choice of meals and enjoys them very much."
- During our inspection we visited the kitchen and spoke with the cook, they were preparing meals for people requiring a soft diet, they worked to make the meals look as appetising as possible. The chef had a good knowledge of people's diets, they told us they worked with senior care staff to keep up to date with any changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were well managed, and they were encouraged to live healthy lives. They were offered healthy snacks throughout the day.
- People's care plans showed any mental and physical health needs were regularly monitored and staff worked with health professionals to support people with these. This included referring people to professionals such as the speech and language therapy (SALT) team should they have any issues with swallowing. We saw their guidance was followed.
- People and relatives told us when people's health needs changed, senior staff were quick to consult health professionals, staff felt confident and supported when raising concerns. Relatives told us staff kept them informed of any changes to their family member's health needs.

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

- People lived in a purpose-built building which was decorated to a high standard. People had several areas they could spend their time
- The service had signage to help people orientate themselves around the service.
- People's rooms had been decorated and adapted to meet their individual needs. People were able to personalise their own rooms and some people had items showing their hobbies and interests in their rooms.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We viewed the authorisations, which had no special conditions attached.

- People told us they were able to make their own decisions about their care. Where people required support to make decisions there were assessments in place and people were supported in the least restrictive way.
- Staff showed a good understanding of how to support people with making decisions. They were able to give examples of the different levels of support people needed with their decision making and had good knowledge of people's mental capacity.

# 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.

At the last focused inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. One person said, "The staff here are caring and thoughtful." Several people we spoke with echoed this view. Another person said, "They (staff) are always cheerful." One relative told us staff were supportive, they had worked to keep people in touch with their families during COVID-19.
- Our observations supported these views. We saw numerous positive interactions between staff and the people they supported. There were positive examples of this during mealtimes. The registered manager had worked with staff to ensure mealtimes were a sociable occasion for people. We saw people sitting together and being served together. They were offered choices and supported effectively.

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

- People were supported to express their views about their care. Their wishes and choices were considered, and people were able to take the lead in their day to day decisions. One relative said "[Name] has freedom to choose when she gets up and goes to bed." Another person told us they made the choice about locking their bedroom door at night.
- Records showed both people and their relatives had been involved in care planning. Staff involved people, relatives and key workers to ensure the information in people's care plans reflected people's views and choices on their care.
- There was information on advocacy services available for people when this was required. The registered manager told us one person was using this service at the time of the inspection. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was maintained by the staff who supported them.
- People told us staff spoke with them in a respectful way, and throughout the inspection we saw staff maintaining people's privacy, dignity and independence when they provided care. People were able to spend time privately when they wished.

# Is the service responsive?

## Our findings

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

At our last focused inspection this key question was not inspected against. This is the first inspection to report against this key question. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who cared for them. People we spoke with told us they or their relatives had discussed their care plans with staff.
- Throughout the visit we saw staff interacting with people ensuring they listened to people's preferences.
- The provider used an electronic care planning system. As a result, care plans were not always as detailed about individual preferences as is best practice, but in other aspects they were individualised in that key factors influencing the care were identified. For example, many statements were completed from a "pick list," although they were applicable, and there was a very descriptive and helpful profile/overview that was entirely personalised. We discussed this with the nominated individual who had recognised improvements could be made. They told us there plans to further improve the electronic system to support staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider worked to ensure people were treated equally, taking into account the protected characteristics of the Equality Act. This included providing staff with guidance on how to support people living with disabilities such as dementia in areas such as signage. The registered manager also shared their plans to introduce more initiatives such as further personalisation of entrances to people's rooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were different social activities in the service for them to enjoy. There were both daily activities for people and the staff also planned special themed days to celebrate significant events such as Valentine's day, Easter and people's birthdays. The service also sent a newsletter out to relatives to keep them involved in the activities people were taking part in.
- Relatives told us they had been able to visit their family members in line with the government guidance around the COVID-19 restrictions. One relative said, "(I am) very happy with the home. It has been a strange situation with COVID-19 and not able to visit at times. Had two or three visits in the (visiting) pod." All the relatives we spoke with told us they felt the communication between themselves and the service had been good.

#### Improving care quality in response to complaints or concerns

- People and relatives concern's and complaints were dealt with effectively. One relative told us, when they had raised minor issues of concern, these were dealt with quickly and to their satisfaction.
- Staff we spoke with understood their responsibility in ensuring any concerns were dealt with. Staff told us they would ensure any complaints were recorded and raised with the registered manager.
- There was a copy of the complaint's procedure displayed at the service.

#### End of life care and support

- People's end of life care was managed in a caring and empathetic way
- There was evidence to show people's wishes had been considered when planning this aspect of their care. Relatives we spoke with told us they, and their family member had been very well supported during this time. One relative whose family member had spent their last days at Tanglewood Cloverleaf told us all their care needs had been passed on to staff when the person was admitted, and staff managed their care very well.

# 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.

At the last focused inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team at the service worked with people and their relatives to provide an open, person centred approach to the care people received.
- The registered manager had a clear vision of what she wanted to achieve for people at the service and continued to work with staff to ensure they had the skills and support to achieve this. She spoke passionately about supporting people who lived with dementia and used her knowledge on the subject to influence staff practices.
- Throughout our visit interactions between staff and people were person orientated, and there were examples of how this had led to good outcomes for people. For example, one person living with dementia spent most of their day moving furniture about. Staff monitored the person's behaviour and only intervened if they felt there was a danger to the person or other people. We saw how calm the person was whilst engaged in the activity.
- The service had had three registered managers since opening in 2019 and there had been a large turnover of staff during this period. The registered manager was working to bring some stability to the staff group. She told us the senior management team continued to work on recruitment. There had been initiatives put in place such as providing staff with an incentive to recommend the service to experienced nurses and care staff as a good place to work.
- People were aware of who the senior management team were, and felt they were able to talk with both the deputy manager and registered manager about any issues of concern.
- The registered manager notified CQC of events in line with their registration responsibilities.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where ratings have been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous focused inspection was displayed at the service and on the provider's website.

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

- There was a comprehensive quality monitoring system in place at the service. The senior management team, both at the service and at provider level, worked to review quality monitoring information to ensure effective monitoring of care. Events were highlighted and measures in place to ensure learning from them. For example, the registered manager had analysed the numbers of falls in the service and identified trends.

As reported in safe this had resulted in her increasing the number of staff working in the evenings and early mornings.

- The quality monitoring system also included audits of the environment. When issues had been identified an action plan was in place and we saw the actions were completed in a timely way.
- The registered manager was well supported by her senior manager and the providers quality monitoring team. Throughout the inspection when we raised any issues, the management team had either already identified the issues and had plans in place to address them, or were responsive to the points we raised. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People and relatives told us they had been engaged in the way the service had been required to run during COVID-19. Relatives were happy with the way the management of the restrictions had been handled. One relative said, "(I) think they (management) are doing the best they can in the circumstances, the (visiting) pod thing was very good."
- There was evidence to show regular meetings took place at the staff, both among the people who lived there and for the different staff groups. Staff were further supported with supervision one to one meetings. Continuous learning and improving care; Working in partnership with others
- The registered manager worked to keep up to date with changes in adult social care through networking and taking part in studies on different aspects of care in care homes. They worked with the National Institute for Health Research funded Care Home in Reach, to both provide research information, and use the knowledge and skills of the institute to support better learning for staff.
- The provider was also looking at supporting staff develop in their roles by implementing the care home advanced practitioner (CHAP) role to the service in the future.