Sense

SENSE Tanglewood

Inspection report

72 Albert Road South
Malvern
Worcestershire
WR14 3AH

Tel: 01684576327
Website: www.sense.org.uk

Date of inspection visit:
25 January 2016
29 January 2016

Date of publication:
03 March 2016

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

The inspection took place on 25 January 2016 and was unannounced. SENSE Tangelwood offers accommodation for up to seven people with learning disabilities or autistic spectrum disorders, physical disabilities and sensory impairment care needs. There were seven people living at the home at the time of our inspection. People had their own rooms and bathrooms. People had the use of a number of comfortable communal areas, including a kitchen and dining area, a lounge, a sensory and leisure room and garden areas.

We had the opportunity to talk with two people who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. 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.

Staff obtained advice from health professionals and took action so people's health needs were met. Staff arranged for people to see their GPs and other health professionals when they needed to. Staff supported people to take their medicines so they remained well.
People benefited from living in a home where staff understood their individual needs and preferences. Staff recognised when people's needs changed and took action so people continued to receive care in the best way for them. Staff knew about the things which were important to people and what things they liked to. People were encouraged to try new things which they might enjoy.

People's right to make decisions and their freedom was protected. Staff worked with other organisations to make this happen. Staff knew what actions to take, if they had any concerns for people's safety or well-being and were able to obtain advice from the manager, provider or external organisations if required. Staff were supported through regular supervision, training and meetings.

People had enough to eat and drink. People were encouraged to prepare their own meals where possible. Other people were supported to enjoy a range of food, drinks and snacks by staff so people would remain well.

People enjoyed being with the staff who cared for them. We saw people got on well with the registered manager and caring relationships had been built with the staff. Staff supported people to keep in touch with their families and to do the things they enjoyed doing. Staff knew how to support people so they were able to make choices about how their care was given and people's levels of independence was taken into account by staff. People were given encouragement and reassurance by staff when people when they wanted this.

People were involved in deciding what care they received and staff encouraged people and their relatives to be involved in their care reviews so they received the care which was right for them. Relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

The registered manager and senior staff team supported care staff to provide safe and compassionate care. There was clear and open communication between the registered manager and staff, so staff knew what was expected of them. Checks were undertaken on the quality of the care provided by the registered manager and provider and actions were taken where developments had been highlighted. The registered manager and provider made sure there was a focus on continuous development of the home.

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 was safe.

People's individual risks were understood by staff. Staff knew how to raise any concerns they had for people's well-being. There was enough staff to keep people safe and meet their care and safety needs. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who knew people's individual preferences and how to look after them. People received care they had agreed to and staff encouraged people to make their own choices. People were supported to have the right amount to eat and drink. Staff made sure people had access to health services and took action when advice was given by health professionals so their well-being was maintained.

Is the service caring?

Good

The service was caring.

People's preferences about how care was given were listened to and followed. Staff took time to talk with people in ways they understood, and had built caring relationships with people living at the home. People were treated with respect. People's dignity was promoted by staff.

Is the service responsive?

Good

The service was responsive.

People and their relatives were encouraged to develop and review their care plans so they received care, which met their individual needs. People were encourage and supported to maintain links with their families. Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

Good

The service was well-led.

People had benefited from living in a home where checks were made on the quality of care by the registered manager and provider. Action was taken to develop the home further so people benefited from living in a well-led service.

SENSE Tanglewood

Detailed findings

Background to this inspection

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

This inspection took place on 25 January 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the other information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people who lived at the home. We spoke with one relative on the day of our inspection and two relatives by telephone after our visit. We talked with the provider's area manager, the registered manager, two senior staff and four care staff. We looked at a range of documents and written records including three people's care records, records about the administration of medicines, accident recording forms and three staff recruitment files. We also looked at information about how the management team monitored the quality of the service provided and the actions they took.

Good

Is the service safe?

Our findings

People were relaxed when around staff and the atmosphere in the home was happy and calm. All the relatives we spoke with told us they had no concerns about their family members' safety. One relative we spoke with explained the way staff supported their family member meant they were safe when they travelled. Another relative we spoke with told us about the actions staff took which helped their family member to move round the home independently in a safe way. We also saw staff had worked with people to provide items which they were familiar with, located at hand height. By using these, people were able to identify which area of the home they were in and move round the home safely and independently.

Every staff member we spoke with was able to tell us what they would do if they had any concerns about people's safety. This included escalating any concerns to the registered manager, provider or external organisations, so that people would be kept safe. Staff were confident that if they raised concerns action would be taken to protect people. Staff told us they were encouraged to raise any concerns for people's well-being at regular staff meetings, through their one-to-one meetings or immediately with senior staff, where this was needed. Staff shared information about people's safety as part of staff handover processes, so risks to people's well-being would be considered, and plans could be put in place to keep people safe. We saw staff worked with other organisations and professionals, such as social workers, occupational therapists, health professionals and safeguarding teams so people were protected from avoidable harm. For example, staff followed advice given for one person so they had the correct equipment to reduce the possibility of harm when they were unwell.

Staff were knew what people's individual risks were. One member of staff we spoke with told us they knew about individual people's risks through checking people's care records. The staff member gave us an example about one person's risks when travelling, and what action staff took to keep the person safe. Other staff we spoke with told us about risks to people's physical and psychological help and what actions they took to make sure people's safety and well-being was promoted. This included actions staff took to make sure people did not harm themselves and where people had risk of choking. One member of staff explained it was also important to consider what made people anxious, so they could take action to reduce people's anxiety. We saw records which showed people's individual risks were taken into account when plans for caring for them were put in place. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

Checks were undertaken by the registered manager and provider before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

Relatives and staff told us there was enough staff to meet people's care and support needs. Relatives told us staff were available when people wanted support. One relative we spoke with said they often called into the home and always saw there was enough staff to care for people. Two relatives we spoke with told us staff were always made available to supported their family members to travel home to visit them. Staff time was made available to support one person to travel a considerable distance, so they could keep in touch

with their family in a safe way. The registered manager knew what people's care and support needs were, such as if they required two people to care for them when they were out of the home, and had adjusted the planned staffing levels to reflect this.

Most people at the home needed assistance from staff to take their medicines. One relative we spoke with told us how the staff had supported them to make sure their family member still had access to the right medicines when they were on extended visits to their family home. Staff showed a good understanding of people's medicine needs and were aware if there were anything which needed to be taken into account before they administered people's medicines. This included if people had any known allergies, or were on a short course of medicines. One member of staff we spoke with described how they checked for people's known pain signals, so they could make sure people received pain relief when this was needed. Another staff member gave us an example of how staff worked with a person and their GPs to see if medicines could be reduced over time. This included trying different approaches, such as through nutrition. The staff member explained this had led to a reduction in medicines for the person.

Staff told us "as needed" medicines were agreed with people's GPs. We saw records which confirmed GPs' agreement to people receiving "as needed" medicines. Staff we spoke with told us they were not allowed to administer medicines until they had been trained, and their skill at administering medicines was checked. Staff we spoke with also knew what actions to take in the event of medication errors, so people would receive the right care if this happened. We saw medicines were kept securely and staff kept clear records of the medicines they administered. Weekly checks were undertaken to make sure people received their medicines in a safe way.

Good

Is the service effective?

Our findings

All the relatives we spoke with told us staff had the right skills to care for their family members. Staff had undertaken a wide range of training so they would be able to meet the needs of people living at the home. This included training to help people manage their anxieties, risks around choking, and individual health needs. One staff member told us, "You are always learning, as people's needs change." Another staff member we spoke with told us about the training they had received so they could support one person living at the home effectively. The staff member explained as part of their training they had attended a conference so they were aware of how one person's health and emotional needs would change as they aged. As a result of the training new approaches to caring for the person were planned, so they would continue to enjoy the best health and well-being as they grew older. We spoke with a newer member of staff about their induction training. The member of staff told us as part of their induction they had received training relating to people's sight and differing levels of vision. The staff member told us gaining this understanding had helped them to care for individual people in the best way for them.

Staff had the opportunity to discuss their training needs as part of regular staff meetings and one-to-one meetings. Staff said they were confident additional training would be made available if they identified any training they required. We saw the registered manager checked staff had undertaken training which matched the needs of people living at the home. This included appropriate induction training for new staff.

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.

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted applications to a 'Supervisory Body'. Two applications had been authorised and staff explained how these had been complied with, and what processes were in place to review these over time.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff told us how specific decisions sometimes had to be made in people's best interests, and these were discussed with all staff at regular staff meetings. We saw staff had kept clear records of the decisions they had made in people's best interests. These included decisions in relation to the use of specialist equipment to keep people safe, purchases of specialist furniture and health treatment, so people remained independent and well. We saw the registered manager had checked staff's understanding of the principles of MCA through questionnaires, so they could be sure staff knew how to make sure people's rights and freedoms were protected.

People were able to choose what they wanted to eat and drink, and we saw staff encouraged people to help

prepare some of their drinks and choose what they would like to eat. One relative we spoke with said their family member, "Eats well with support from staff." We saw individual menus were in place which reflected people's dietary preferences. People were offered choices if they did not want, what was on the menu. Staff explained how they worked with other agencies to make sure people's nutritional needs were met, such as making sure people were offered alternatives if they had allergies to some foods. Staff took into account people's individual care needs and assisted people to eat where this was required so people's health and well-being was maintained. This included making sure people were able to eat at their own pace, and people's dietary needs were met. Records we saw demonstrated staff worked flexibly to make sure people were able to enjoy things to eat and drink when they wanted them. For example, we saw one person's care records showed they had been supported to have something to eat in the early hours of the morning, at a time they chose. We saw staff shared information about people's nutritional needs at shift handover, so staff knew what support people needed to remain well.

Relatives we spoke with told us staff promptly supported their family members to see their GPs if they were unwell. Relatives and staff also told us people were supported to attend specialist health appointments so people remained in good health. These included appointments with opticians, audiologist and mental health specialists. Two members of staff told us how they had worked with local health professionals so one person would receive the right physiotherapy care. Staff had videoed how the physiotherapist worked with the person. This was shared with the staff team, so the person would receive consistent care. Staff told us this had a positive effect on the person's health. We saw people's care records contained guidance for staff on people's health backgrounds and detailed how to support people. This included protocols agreed with people's GPs so people would receive the care they needed and health action plans. Staff also monitored aspects of people's health such as their weight, and these were regularly reviewed so people would remain healthy and well.

Good

Is the service caring?

Our findings

Every relative we spoke with told us staff were caring towards their family members. One relative told us, "Staff are fabulous, it's a home from home." Another relative said, "We are very pleased, [person's name], is cared for very well, I can't fault the care." All of the relatives we spoke with told us how much their family members enjoyed living at the home because of the way they were supported by staff. We saw staff were patient and kind when they were caring for people and took time to make sure people were involved in life at the home. People enjoyed being around staff. Staff knew the importance of reassuring people when they were being supported and took action to comfort people when needed. Staff knew which people liked physical reassurance, and people responded to staff by smiling and laughing with them.

Staff told us they got to know people by chatting and working with them and by checking their care plans and life histories. One staff member told us, "It's about how you work and interact with people." Another member of staff told us it was also important to get to know people's relatives, so people would receive their care in a consistent way. The staff member also told us they had the opportunity to meet people living at the home as part of their interview, so they had the chance to get to know people before they started to care for them.

People were encouraged to make decisions about their daily care. We saw staff gave people time to make their own decisions, with support where necessary and people's decisions were acted upon. This included decisions about what they wanted to eat and choices about what they wanted to do so they would enjoy their day. One relative we spoke with told us how staff supported their family member to be involved in buying and choosing their clothes. The relative told us this was something that was really important to their family member, and staff understood and supported them with this. Staff we spoke with told us if people were not able to tell them directly what choices they wanted to make they helped people by showing them objects to choose from. In this way, people could make their own decisions and be in control of the daily care they received.

People were treated with respect and their dignity needs were responded to by staff. One person we chatted to confirmed staff always used their door buzzer to check they were happy for staff to come into their room. One staff member we spoke with told us how they promoted one person's dignity when they were out of the home doing things they enjoyed doing. We saw during our inspection staff took action to support one person to make sure they remained dressed in a dignified way. Staff took into account people's existing levels of independence, such as if people's ability to walk round the home in a safe and independent way, or manage elements of their personal care without staff assistance. People's care records gave clear guidance to staff on how to promote people's dignity and independence so people's rights would be respected.

Staff understood people's need to keep in touch with people who were important to them. All the relatives we spoke with told us staff made them feel welcome at the home and there were no restrictions on the times they could visit. One relative we spoke with told us staff had agreed to them staying with their family member at SENSE Tanglewood, when they first moved in. The relative told us this had meant their family

member had started to feel at home quickly.

Good

Is the service responsive?

Our findings

People were encouraged by staff to make decisions about the type of care they wanted. Some people needed help from staff to do this, such as support to understand the choices available and to make decisions about how they wanted their care delivered. Staff recognised some people could make some decisions more independently and wanted to be very involved in deciding how their care was planned and given. This included some people keeping their own care diaries. All the relatives we spoke with told us staff encouraged them to be involved in planning their family members' care and identifying longer term plans, such as health and well-being plans. Two relative told us they were able to make suggestions about plans for their family member's care at regular care plan reviews. Both relatives told us they were comfortable to make suggestions about the best way to support their family members. The relatives said staff took their views into account so their family members would receive the right care for them. Another relative told us they were not always able to attend care review meetings. However, because staff kept in touch by email they were able to give their views and make decisions with their family member and staff about the care planned. We saw people's care plans had been regularly reviewed and key documents were in 'easy read' versions, so people had the best chance to be involved in decisions about their care.

We saw staff took into account people's physical and psychological health needs when planning their care. For example, one person at the home was less anxious if they had a regular routine. Staff had arranged this so the person was less anxious. Staff told us how they acted on advice from external specialists, such as health professionals when planning people's care, so people would receive the best care possible. Plans had also been put in place so people would have the right equipment so they would be able to continue to be as independent as possible. We saw the equipment was in use during our inspection. Staff had also responded to people's cultural backgrounds in the way they planned and gave care. Two staff members told us how they supported one person to celebrate important dates in their culture. Care records for this person showed they were supported to enjoy other aspects of their culture, such as music. We saw this person's room reflected their cultural heritage.

Staff we spoke with recognised people's needs sometimes changed quickly. We saw information about people's changing needs was shared at staff handover meetings. By doing this staff had the most up to date information on people's care needs and could make sure immediate plans were put in place if necessary, so people would continue to receive the right care as their needs changed.

Staff told us they used their knowledge of people's preferences when planning their care. In this way, individual people living at the home were able to do the things they enjoyed. Staff told us how some people liked to go rock climbing, and other people enjoyed shopping, massage, music festivals and going out for meals. One relative and two staff members told us how much one person enjoyed walking, when their health allowed. The relative told us how the registered manager had arranged for their family member and care staff to stay near them when they were on holiday. The relative explained this gave their family member the chance to enjoy family holidays and to do the things they enjoyed doing. One staff member we spoke with told us it was important to make sure people's known preferences were taken into account, but it was also good for people to have the chance to try new things. The staff member told us how much

people had recently enjoyed going to new places, and seeing different things, such as art exhibitions, and how this had improved people's well-being. We saw photographs and videos of people doing things they enjoyed were used to celebrate their achievements.

Staff encouraged people living at the home to be involved in deciding how their care was planned. Where people needed support to do this, staff used mood boards so they could understand what choices people wanted to make. One member of staff told us, "It's about offering different options, finding out what they want, it's their choice." Staff recognised people needed different levels of support in order to make choices about how their care was planned. One staff member we spoke with told us some people living at the home benefited from having the options available limited to one or two items, so they could make informed choices in a way which was comfortable for them. Another staff member told us how people were encouraged to decide if they wanted some areas of care delivered by a particular member of staff. The staff member explained this was taken into account when staff rotas were agreed, so people's preferences would be met wherever possible. We saw people's preferences for how their care was delivered was recorded in their care plans. These were followed by staff, so people received their care in the best way for them.

Two relatives told us they had not needed to raise any complaints about the care their family members received. One relative told us they had raised a complaint a number of years ago, and had been satisfied with the way this had been responded to as positive changes had been introduced. Staff members told us how they would support people to make complaints. This included alerting the registered manger or provider, as appropriate, if anyone had raised any concerns or complaints. All of the relatives and staff we spoke with said they were confident if they did raise any concerns or complaints these would be dealt with appropriately, so lessons would be learnt.

Good

Is the service well-led?

Our findings

We saw people and staff got on well with the registered manager, who took time to chat to people and staff throughout our inspection. All of the relatives we spoke with were positive about the way the home was managed and the care their family members received. One relative told us, "There's good support from staff, especially the (registered) manager, it's well run." Another relative told us, "The current (registered) manager really has a handle on things." The relative went on to tell us this had a positive effect on the care their family member received as their family member was supported well by all staff, including newer members of the staff team. One relative told us the home was managed in a way which meant all the staff were encouraged to work together for the benefit of the people living at the home. Relatives we spoke with told us communication with all the staff was good, especially if they had any concerns about their family members' well-being.

Every staff member we spoke with told us they enjoyed working at the home, and felt valued by the registered manger and provider. One staff member described support from the registered manager and provider as "Fantastic, they really work hard to progress the service." This staff member told us the registered manager's priority was the people living at the home. Another staff member we spoke with told us the provider often visited to home to make sure care was delivered in right way for people.

The registered manager told us they felt supported by the provider and they had opportunities to share best practice with other SENSE managers regularly. We saw the registered manger was open with staff about sharing this best practice. In addition, feedback from relatives and the results of quality checks were discussed regularly with staff so people would continue to benefit from living in a home where improvements to care were made. The registered manager also explained they had been supported by the provider to continue their own professional development. For example, attending conferences and forming links with health specialists, so they had the knowledge to promote safe and effective care for people living at the home.

Staff told us if they had any concerns for people's well-being they were able to obtain advice immediately from the registered manager or provider, so people's needs would be met. Staff said they were clear about their roles and responsibilities as these were discussed during one-to-one and team meetings. We saw records which showed staff were given the opportunity to reflect on their own practice, so people would receive care in the best way for them. Staff said they were encouraged by the registered manager to make suggestions about developing the service further. These included making suggestions about new things people might enjoy trying. Two members of staff we spoke with told us their suggestions had been acted upon, such as visiting different art and cultural centres for the first time.

We saw both the registered manager and the provider had systems in place to check the quality of the service. These included spot checks undertaken by the registered manager during day and night shifts, so the registered manager could be sure people were receiving the right care. Checks were also made regularly on the administration of medicines, staff training and supervision. The provider's checks included direct discussions with staff about the quality of the care provided to people. We also saw checks were regularly

undertaken to make sure any incidents which need to be notified to CQC had been done, how staff kept people safe and if people's care plans were up to date. Actions staff had taken to support people's physical health and emotional well-being was also checked. In addition, internal audits on the quality of the service had been undertaken. We saw action plans were developed after audits and the registered manager took action, so any lessons would be learnt and the service further improved.