Sense

SENSE Tanglewood

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

The inspection took place on 16 January 2019 and it was unannounced. SENSE Tanglewood is a 'care home' for people with sensory impairment. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection seven people were using the service.

There was a registered manager. 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.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and participation within the local community was encouraged.

At our last inspection on 25 January 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good.

People continued to receive a safe service. People were supported to stay safe. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. They did this while also promoting people's independence as much as possible.

There were sufficient numbers of staff, with the required knowledge, skills and experience to support people with their needs. Many people required a one- to- one ratio of staff and this was provided. Recruitment processes were safe and this meant that so far as possible only people of suitable character and experience were employed.

Medicines were managed in a safe way. Staff had received training about this and supported people to take their medicines at the right time and in a safe way.

People continued to receive an effective service. Staff were knowledgeable about the needs of the people they supported. People were supported to make choices around their care and daily lives. Staff had attended training to ensure they were able to provide care based on current practice when assisting people.

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

People were supported to eat and drink enough and had a balanced diet. Staff understood and met people's nutritional needs. They supported people in a sensitive way. People had access to the healthcare professionals they required.

People continued to receive a service which was caring. People were treated with kindness and compassion by the staff. Staff knew people well and often went that extra mile to make sure people were as comfortable as possible. People's social needs as well as their physical and emotional needs were incorporated into the plan of care and used to promote and maintain people's abilities and independence.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. People knew how to raise concerns and had confidence that they would be listened to and action would be taken. Feedback provided was used to make improvements to the service.

The service continued to provide responsive care and support. Staff knew how to effectively communicate with people. They had developed innovative ways to meet people's information and communication needs. This had resulted in improved outcomes for people because they had gained more independence and were able to take part in a range of activities they had previously been unable to.

People continued to receive a well led service. People were complimentary about the registered manager and staff. It was clear that relationships between people and staff were positive and people had confidence in the service. There were effective quality monitoring systems. A variety of audits were carried out and this meant that any shortfalls were quickly identified and used to drive improvements.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained well led.	**Good**

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 site visit took place on 16 January 2019 and was unannounced.

The inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us by speaking with people who used the service.

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. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

We spoke with three relatives about the care people received. We also spoke with the registered manager and three members of the care team staff.

We reviewed care plans for three people to see if they were reflective of the care that people were receiving.

We also looked at staff files for two staff members, which included recruitment and training information. Records relating to the management of the service were also reviewed, including audits and quality assurance checks, to monitor how the service was being managed.

Good

Is the service safe?

Our findings

People's safety was protected and promoted because there were systems and processes in place. These processes were robust and staff understood and followed them. Throughout our inspection we saw staff carefully supporting people to make sure they were safe. For example, staff supported people to use the stairs safely, they carefully checked that people were sitting comfortably and safely in the service's minibus in preparation for an outside visit.

Managers empowered and supported people and staff to raise concerns and to understand what keeping safe means. Staff knew how to recognise signs of abuse and what action to take. Relatives felt that people were safe. A relative told us, "Oh, yes, they are definitely safe. Staff keep an eye on my relative all the time." Another relative said "My relative has not had any incidents, or unexplained injuries. I am confident that if something happened they would tell me."

Staff knew how to prevent and manage behaviour that was risky or challenging. People had positive behaviour support plans in place. Staff knew the things that may trigger distress and what to do to de-escalate any potential conflict.

Risk was assessed and staff knew in detail what each person's risks were. For example, the risks associated with receiving care and support were assessed such as risk of malnutrition and a management plan was in place to reduce the risk. Risks associated with the activities people did were also assessed and managed. People's freedom and human rights were respected so that people were not unnecessarily restricted and could continue to do the things they enjoyed.

Routine checks and maintenance were carried out on the premises and equipment to make sure they were in safe working order. Staff knew what to do in the event of an accident or incident. They knew the best and safest way to evacuate people in the event of a fire. Business continuity plans were in place so that staff knew what to do and who to contact should anything go wrong. Records were maintained of all accidents and these were reviewed by the registered manager and the provider's health and safety team. Lessons were learned and improvements made when things went wrong. For example, following a fall, care plans and risk assessments were reviewed and changes made. One person's footwear was replaced following a fall in order to reduce further risk.

There were enough suitably skilled staff to meet people's needs. Many people needed one to one staff support and this was provided. We saw that staff spent time with people and supported them in a safe and appropriate way. Relatives and staff told us there were enough staff. The registered manager told us they had recently increased the hourly rate of pay in order to attract new care staff because there had been difficulties recruiting new staff in the area. Many of the staff had been employed at the service for many years and this helped to provide continuity for people who were cared for by staff who knew them well. Staff were recruited in a safe way. Checks were carried out to make sure that so far as possible, only staff with the right character and skills were employed.

People received their prescribed medicines safely. Staff had received training and had their competency assessed to make sure they were managing people's medicines in a safe way. Staff knew how people preferred to take their medicines. They knew what to do in the event of a medicine error and had access to the policies and procedures they required for the safe management of medicines. Medicines were stored securely and in line with the manufacturer's guidelines and records we saw were accurate and up to date.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons. Checks were carried out to make sure that staff were following infection prevention and control guidance.

Good

Is the service effective?

Our findings

People had their needs assessed before they began using the service. The assessment process was thorough and involved a series of short visits to the service. This enabled staff to check that the service could meet the needs of the person and was suitable to them. People's physical, mental health and social needs were assessed and planned for. Frequent reviews were carried out to make sure people's changing needs were known to staff.

Staff had the training and support they required to do their jobs and meet people's needs. Induction training was provided when staff first began working at the service. The 'care certificate' was used as part of staff induction training. The care certificate is an agreed set of standards that sets out the knowledge and skills expected of specific job roles in the health and social care sector. Training provided was a mixture of on-line and face to face training. Staff had their knowledge and competency assessed for all areas of their practice. A staff member told us the training provided was very good and meant they had the skills they required to support people. Staff received supervision from their manager where they could discuss and plan their learning and development needs.

The registered manager attended area meetings where best practice was discussed and shared; this information was then cascaded to all staff through staff meetings.

People were supported to eat and drink enough and maintain a balanced diet. Each person had eating and drinking guidelines as part of their care plan. Staff understood these and made sure they were followed so that people had enough to eat and drink and in a safe way. Healthy eating was promoted. The menu was varied and took into account people's likes and preferences. Staff monitored the amounts people ate and drank to make sure people had enough to eat and drink. Risk of malnutrition was assessed and monitored. People could choose what they had to eat and drink and staff had a flexible approach so that people could eat their meals at the times that suited them. Staff assisted people with their meals in a sensitive and appropriate way. Meals were home cooked using fresh ingredients and were appetising and well presented. People who used the service were involved in food preparation. Involvement and participation varied depending on people's abilities.

People had access to the healthcare services they required. A relative told us, "I am happy that staff look after my relative's health: they took them to the doctor, at their initiative, on the eve of a public holiday, because they were concerned about them. Records showed that appropriate healthcare professionals were consulted promptly and staff followed their advice and guidance. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this.

The premises and environment met the needs of people who used the service and were accessible. People were involved and consulted about redecoration. The premises were homely and there was space available indoors and out for people to spend time relaxing or taking part in activities.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. Staff had received training and knew what restrictions were in place if any and how to apply these in the least restrictive way. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. A relative said about the staff, "They are very kind. We are very happy with the care. They are very nice people. Another relative said, "They are very caring. They really think about the small things and are very approachable." Staff spent time with people and communicated and interacted with them in a positive way. People were relaxed around staff and able to express their needs. Staff responded to people promptly and made sure people felt safe and well. The staff team also supported each other in a compassionate way. An agency worker told us how welcome they were made by the staff team and they felt supported. Other staff also told us their team and managers were caring and supportive.

Staff knew about the people they supported and the things that were important to them. They knew about their preferences and how to get the best out of people.

Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. One person was anxious about some dental treatment they required. They were supported to make pre-treatment visits to the dentist to familiarise themselves with the building, the staff and the equipment. These support processes led to a successful dental treatment and the person being very proud and positive of what they had achieved.

People's families were made welcome and encouraged to be involved in making decisions about care and support through person centred reviews and communication about changes or events. Communication was good and people were given information in accessible formats. People were encouraged to maintain relationships with people they cared about through visits, telephone calls and 'FaceTime' calls. Staff made sure that people remembered their family member's birthdays and other special days and arranged for cards and flowers to be sent on their behalf.

One person had been supported to go home for an extended period to celebrate a cultural festival with their family. This person had an ongoing health need which required daily intervention and monitoring. The registered manager had involved the person's doctor and community nurses so that this person could spend time at home and they achieved this through weekly updates and communication to check on their progress and wellbeing.

Staff told us how they involved people in decision making by showing them different things and objects and giving people time. Staff were a passionate and motivated about meeting people's needs. They knew in detail the things people liked and enjoyed doing. A staff member explained how animated one person became when they were on holiday with staff and how another person responded positively to them singing songs and including the person's name in the song.

People had their privacy, dignity and independence promoted. We saw that throughout our inspection, staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. All of the relatives we spoke with confirmed that they thought people were treated

with dignity and respect. Staff had received training and knew how to promote privacy and dignity when providing personal care. They were able to describe the ways they achieved this for each person who used the service. People were encouraged to be as independent as possible. Person centred plans were focused on improving people's skills so that they could be as independent as possible.

Information about people was protected and only shared with appropriate others. The registered manager checked staff competency with privacy and dignity through staff observation and staff supervision sessions.

Good

Is the service responsive?

Our findings

People received care that was person centred. Person centred support plans were developed which included detailed information on how best to support the individual and in the way they preferred. Support plans and health action plans were reviewed to update and reflect any changing needs. People and those acting on their behalf contributed to planning their care and support, and people's strengths, levels of independence and quality of life was taken into account and improved. Records showed that changes had been taken following person-centred plan reviews to improve people's quality of life.

A summary of the person's 'best moments' with photographs was included to maintain a record of people's achievements. One person had asked to take part in more days out and staff made sure this had happened.

Review meetings were held in a format that was accessible to the person using the service. For example, for one person, part of the review was entirely visual and this allowed them to pick out the things they liked best such as the activities they enjoyed and the places they liked to go to.

Since moving to the service, one person had been supported to participate in a wide range of activities they had not previously been able to access. This included going swimming and going on holiday. They had become more independent with drinking and had improved social skills and had achieved a healthy weight. Staff had achieved this through breaking down tasks into the smallest units and spending time with the person and gaining their trust.

Another person was supported to make choices using objects of reference. 'Objects of reference' were used to support communication. This meant that staff could use a particular object to help the person understand the current situation or what was being asked of them or to help them make a choice. Another person used a method of communication where staff provided just the right amount and kind of information the person required and this supported them to process the information without becoming overwhelmed. This had a positive effect on the person and had led to a decrease in risky or challenging behaviour and empowered the person to lead a full and active lifestyle. Each person had a learning log so they could be supported to develop their skills and increase their independence. For example, one person was supported to choose the clothes they would like to wear.

People's communication needs and abilities were understood and known by staff. Many people had difficulties with verbal communication but staff had developed systems and strategies to support people with their communication needs so that they could get the best outcomes for people based on their needs and preferences. Staff knew about the best way to communicate with each individual resident. People's communication needs were assessed and detailed in their individual care plans. For example, the way people expressed their like or dislike was recorded. The best way to approach people including use of touch and use of any sign language was recorded.

Staff spent a lot of time with people and communicated in an effective way. People were relaxed around staff and were able to make their needs known and staff responded appropriately. People expressed their

delight in the things they did such as dancing with a member of staff or holding a favourite object. Staff also knew when people did not want to take part in an activity. For example, they knew if one person refused to put on their shoes then this indicated they were unhappy about the situation and this could be explored further. Staff knew the different ways people expressed themselves such as through speech, behaviours or bringing an object to the staff member to help them explain to staff what they wanted.

Practice supervision was used to support staff to improve and refine their communication further. This involved recorded practice which was used to reflect on their performance and how they came across in each interaction. By reflecting on their practice in this way with the support of their manager, staff were able to identify areas in which they could improve. For example, staff were able to identify when they had stepped in to help too quickly and could have used the opportunity better to promote the persons independence.

Each person's protected characteristics under the equality act were considered and recorded in their support plan. For example, people's cultural and religious needs. Staff had received training about equality and diversity and sexuality and relationships.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Accessible information needs had been considered and assessed for each person who used the service. Each person received information in a different way such as speech, basic signs, pictures, gestures, touch, taste, smell or objects of reference.

The provider had a 'multisensory impairment team' who offered support and advice regarding communication for people who used the service. This team had supported staff to develop techniques to support people's communication needs. People had access to assistive technology such as I Pads and computers to assist them with their communication needs.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. People led active lives with daily opportunities to take part in activities they enjoyed. During our visit people attended an outdoor activity centre and others went horse-riding. While at the service staff supported people to do the things they enjoyed. One person liked music and was supported by staff to listen to and dance to the music they enjoyed. Relatives told us that they were very happy about the activities provided. One relative said "Yes, they are always happy to take them shopping. I think that they are well occupied."

People's own rooms were personalised and decorated in the way they had chosen and reflected their preferences and interests. One person had recently had their room completely redecorated with new furniture fixtures and fittings in the design of their choice.

The provider had a complaints procedure which they followed. Complaints were recorded along with the outcome of the investigation and action taken. We saw that action had been taken following a complaint and the concern had been resolved. People were supported during person centred planning meetings to raise any concerns they have. Staff knew people well and told us that when people could not tell them if there was something wrong, they looked at people's body language and behaviours for any changes that may indicate they had a concern. People's relatives told us they knew how to make a complaint should they

need to. One relative said about the staff and manager, "They are very approachable."

There was no-one in receipt of end of life care at the time of our visit., The provider was in the process of discussing people's end of life wishes with people's families as part of their person-centred review.

Good

Is the service well-led?

Our findings

There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

One relative said "This place is very well organised. Overall, I would rate it as 10 out of 10. The care level is very good you can't beat it." Another relative said "The management is brilliant. The place is superb,10 out of 10."

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. For example, staff had suggested that a large dining room table would allow people to all eat together and would provide a more social experience at meal times. This was supplied and was enjoyed by people and staff. Staff had asked for a new clothes hanger to dry laundry and this had been provided.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. During person centred plan reviews people were asked what was working well and what was not and changes were made accordingly. Staff listened to people and knew how best to communicate with each person. People's relatives were sent surveys and invited to attend social events at the service so they could provide feedback and support each other.

There were effective quality monitoring processes to check that staff were working in the right way to meet people's needs and keep them safe. There was a separate quality team and operations manager within the organisation who were involved in monitoring the quality of service provision. A range of audits were carried out. Staff were involved in these checks and audits, for example as part of the keeping safe audit, staff were asked to consider what they felt keeping safe meant. As part of the infection control audit, staff were given a questionnaire which required them to demonstrate they were familiar with infection control policies and procedures. Best practice issues and incidents when things went wrong were discussed and used for opportunities for learning. Action plans were developed with clear records for who was responsible for taking the action and when it should be completed.

Information from checks and audits was shared with the relevant teams within the organisation. Staff had access to up to date information regarding all aspects of care and support. This information identified any staff training requirements and any property or equipment checks that were required to keep people safe.