

Tanglewood Care Services Limited

Tanglewood Cloverleaf

Inspection report

Long Leys Road
Lincoln
LN1 1EW

Tel: 01522440510

Date of inspection visit:
15 September 2020

Date of publication:
05 October 2020

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tanglewood Cloverleaf is a purpose built care home, providing residential, personal and nursing care over three floors, to 49 people at the time of the inspection. The service can support up to 72 people.

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

People living at the service were safe. There were processes in place to manage risks to people's safety, staff received training to provide the skills to support people in all areas of care including safeguarding. This was supported by good processes for managing any safeguarding issues that arose, including strategies to support staff learning from events.

Staff were recruited safely, and people were supported by adequate numbers of staff. People received their medicines safely from staff who had been trained in the safe handling of medicines. People were protected from the risks of infection as the provider had robust processes in place to ensure the service was clean, and staff and visitors followed safe hygiene practices to reduce the risks of infection.

People were supported by a caring group of staff who worked in a person centred way when they provided care. People were given choice and were supported to maintain their independence.

The service was well led, had good processes in place to monitor the quality of the service and make improvements based on the findings. The management team engaged with people, their relatives, staff, health professionals and the local community to support the best outcomes for people in their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 07/10/2019 and this is the first inspection.

Why we inspected

We undertook this focused inspection to assure ourselves the safeguarding processes in this large complex service were being managed effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

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 coronavirus 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tanglewood Cloverleaf

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

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 did not have a manager registered with the Care Quality Commission. The present manager had been in post five weeks and had made an application to us to become registered manager. We will continue to monitor this application. The registered manager 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

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service. Prior to the inspection we requested some information related to the running of the service this included staffing rosters and quality assurance documentation. We received feedback from the local authority team who work with the service.

During the inspection

We spoke with the relatives of six people who used the service about their experience of the care provided,

and we spoke briefly with four people at the service. We spoke with ten members of staff including the nominated individual, the registered manager, registered nurse, senior care workers, care workers, activities co-ordinator and housekeepers. We reviewed a range of records. This included seven 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us they trusted the staff who supported them. Relatives had confidence in the staff to safely support their family member. One relative said, "Definitely, absolutely.(has confidence in their relative's safety)" they went on to say they did not worry when leaving after a visit.
- Staff were clear about their role in protecting people, they had received training that supported their understanding of how to manage a safeguarding concern. Staff had confidence in the management team to deal with any safeguarding issues.
- The manager kept a log of any safeguarding issues or concerns and what had been done about them. There was clear evidence of how they and their staff team had worked with the local safeguarding team to manage any concerns effectively.
- The previous registered manager and present manager had processes in place to learn from events. There was evidence of supervisions with staff to support them and reflective accounts of incidents and events, with strategies in place to reduce the reoccurrence.

Assessing risk, safety monitoring and management

- The risks to people's safety were clearly assessed and measures in place to mitigate risks.
- Care plans had detailed information on how to manage different aspects of people's care such as mobility, skin integrity, nutritional needs or personal care. We saw staff supporting people in line with the information in their plans.
- One person required support with eating and needed hearing aids. The person was wearing their hearing aids, and we saw a staff member helping them with their meal in a caring and supportive way.
- Where people required equipment and aids to support them with aspects of their care, we saw these were in place in line with the information in their plans.
- Environmental risks were assessed and monitored to ensure people could move around the service safely. For example, on each floor there was a balcony with six-foot toughened glass which protected people from the risk of falls and the wind. We saw people sitting out enjoying the sunshine during our visit.

Staffing and recruitment

- People were supported by adequate numbers of staff. There were a number of empty rooms at the service. The provider had staffed the service to support the increases in bed occupancy so when new people came to the service, knowledgeable and experienced staff would already be in place to support them.
- People, relatives and staff felt the staffing levels were good. One relative said, "(there) seems to be plenty of staff around. Cannot fault them at all." People told us staff came quickly if they called them.
- Staff were recruited safely. The disclosure and barring service (DBS) was used to support the process. This

allows employers to check if staff have a criminal record and supports them to employ fit and proper staff. The manager had a process in place to monitor registered nurses to ensure they remained on the Nursing and Midwifery Council (NMC) Register and were fit to practice.

Using medicines safely

- People's medicines were well managed. One person told us they often forgot what their medicines were, but staff reminded them. They also told us they had been concerned they were on too high a dose of one medicine, and staff had been discussing this with their GP for them.
- We reviewed the processes for managing medicines. Staff administering medicines had appropriate training to support them. On the day of our visit we saw a new member of staff being supported to administer medicines by the in-house trainer.
- Staff followed safe practices when administering medicines and documentation on people's specific needs was in place. This included any allergies and people's preferences on how to take their medicines. If people needed any required medicines, the information gave staff guidance on why, what and when the medicines were required.
- There were clear auditing processes to monitor medicines administration, storage and ordering. Any medicines errors were clearly documented with information on how the manager supported staff to prevent recurrence.

Preventing and controlling infection

- People lived in a clean and well-maintained environment. Staff supporting them followed good hygiene practices to reduce the risks of infection.
- During the Covid-19 pandemic the management team had worked with staff to adjust the cleaning schedule and products used to specifically reduce the risk of Covid-19 spreading at the service. Staff wore appropriate personal protective equipment (PPE) and practiced good hand washing techniques when supporting people with care.
- The provider had refreshed staff's infection prevention and control training and had ensured training on putting on and removing PPE safely.
- Relatives told us the service had been following government guidelines around safely managing visiting to the service to reduce the risk of relatives bringing Covid-19 into the home.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us staff treated them well. One person said, "The staff look after me very well thank you, they are great, just look at them." We observed positive interaction between staff and people during the inspection and staff knew people well.
- People were given opportunities to engage with meaningful activities. There were group activities which took place, however, there were things for people to do independently. This included sensory items or board games left out in communal areas.
- People's care plans contained detailed information individual to them. This included; their preferences, dislikes, previous occupations, family history and things which were important to them. Care plans also detailed how people felt about affection and how staff could support them in a tactile way. A relative told us they had seen their family member's care plan and was kept up to date with their care needs .

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

- People were supported to be involved in their care. We observed staff offer choice to people regularly throughout the visit.
- Where people lacked capacity to make specific decisions, mental capacity assessments and best interest meetings had taken place. Where appropriate, these involved the persons legal representatives.
- People were given information in different ways to enable them to make choices about their care. For example, at lunch time, there was a written menu, a pictorial menu and people were shown plates of food to allow them to choose their meal.
- The lunch time experience was a sociable event with people sitting where they chose and being offered a range of drinks with their meal.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and kindness from staff. Staff knocked on people's bedroom doors before entering and closed the door behind them to ensure privacy was maintained.
- When people became anxious, staff encouraged people to talk about things from their past which had a positive impact on the person. This was observed during the inspection.
- At lunch time, staff supported people to wear a clothes protector and use adapted cutlery in a dignified way. This meant people could eat their meal independently.
- A relative told us staff supported their family member with their independence. They said, "(Staff) encourage [Name] to shave or brush his teeth, they prompt him to do things and when [he is] struggling will step in to help."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team promoted person centred care. People's care plans were written to provide staff with person centred information in collaboration with people's and their relatives wishes.
- The management team's approach to supporting staff's learning from events had a positive impact on outcomes for people
- People and their relatives told us they felt able to discuss their needs with staff and were involved to develop their care plans. Relatives were able to support their family member with aspects of their care, to ensure they were supported in a person centred way.

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 understood their responsibilities to inform the commission of significant events which took place at the service. We receive regular communication and notifications from the manager on events at the service.
- Complaint and incident records contained information which clearly showed how the management team had kept people and their relatives informed and had responded to issues of concern in an open and honest way.

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

- The registered manager had recently left the service and a new manager had been appoint. They had already applied to us to be the registered manager for the service and had been in post five weeks. We will monitor this application.
- The new manager told us they felt they had taken over a service that had been well run. However, they told us like all new managers, they were excited to make their mark on the service, continue to maintain standards and make further improvements. They told us they had been well supported by the managing director and the quality monitoring team.
- There was a comprehensive auditing programme in place which clearly highlighted any issues of concern with who was responsible for completing actions to address issues. These audits included environmental audits, medicines, management of weights, care plans and analysis of falls.
- The provider had a strong management structure in place. The managing director and nominated individual visited the service every week. They worked with the manager to maintain a good oversight of the

quality monitoring processes in place, to ensure high standards of care were met. The management team were all accessible and visible during the inspection.

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

- The staff at the service worked to continue to engage with people, their relatives and the broader community.
- During the Covid-19 pandemic the provider had increased the number of electronic devices available for people to allow video call with their relatives. The Manager produced a regular newsletter and a social media page to keep relatives informed of significant events, such as his appointment. Relatives told us the service had worked to support them visit their family member in a safe way.
- Regular staff meetings were held to keep staff informed; they were supported with supervisions. The manager held a ten at ten meeting each day with the heads of departments to enhance communication in the service.
- Staff fed back the communication and engagement with the senior management team was positive. One member of staff told us when they had raised a concern about needing more support at mealtimes, the manager had responded quickly to address the issue.

Continuous learning and improving care; Working in partnership with others

- Staff told us they were supported with continued learning, so when people came to the service with specific conditions staff had skills to support them. Two members of staff told us the provider had arranged for face to face training on behaviours that challenge, to support their online training. Covid-19 had delayed this but the staff were aware it had been re-arranged.
- Staff worked to build good relationships with the external health professionals who supported the people in their care. The manager told us they had arranged for a virtual meeting with the main GP practice to ensure they were aware of the change in manager and build good working relations with the practice.
- The staff at the service worked to build good relationships with the local community groups. Prior to covid-19 they supported the local mother and toddler group to use one of their rooms for their meetings. They had built good relationships up with the local schools which they hope to further improve once covid-19 restrictions are lifted.