Tanglewood (Lincolnshire) Limited

Tanglewood Care Home with Nursing

Inspection report

36 Louth Road
Horncastle
Lincolnshire
LN9 5EN

Tel: 01507527265
Website: www.tanglewoodcarehomes.co.uk

Date of inspection visit:
16 February 2016

Date of publication:
11 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 20 August 2015. Three breaches of legal requirements were found and reported upon in an inspection report. These breaches are described below.

The report was the subject of a judicial review challenge in the High Court for which permission was granted by Mr Justice Kerr on 18 December 2015. In the light of the report of the subsequent inspection which took place on 16 February 2016 the provider Tanglewood (Lincolnshire) Limited and the Care Quality Commission have agreed that it is no longer necessary for the High Court to determine the judicial review.

The purpose of this inspection was to assess compliance as at 16 February 2016. As part of this inspection we reviewed the disputed breaches we had identified in August 2015.

At the last inspection on 20 August 2015 we found that the provider was not meeting the standards of care we expect in ensuring staff were adhering to guidance on the implementation of the Mental Capacity Act 2005. We also found care plans were not updated and people or their advocates were not involved in the planning of their care. We also found staff did not understand about all the medicines they were giving and that there was poor stock control and storage of medicines.

During this inspection on the 16 February 2016 we found no significant concerns in the areas we had identified in August 2015.

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Tanglewood Care Home with Nursing on our website at www.cqc.org.uk.

Summary

Tanglewood Care Home with Nursing provides care for older people who require nursing and personal care. It provides accommodation for up to 55 people. At the time of the inspection there were 53 people living at the home.

Although the manager was not yet registered on the day of our inspection her application was underway. She has now been registered with the Care Quality Commission. 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.

On the day of our inspection we found the recently appointed manager had had a positive impact on the service. Staff interacted well with people and people were cared for safely. People told us that their needs

were being met. Staff told us that they had sufficient time to meet people's needs and to help them take part in social activities. The provider had systems in place to ensure they knew the needs of people living at the home and could adjust the staffing levels when required. Staff understood about the medicines they were giving and there was good stock control and storage of medicines. Care plans had been updated and people or their advocates were involved in the planning of their care and treatment. Each person had a personal emergency evacuation plan in place. Staff were correctly implementing the Mental Capacity Act 2005. People were involved in the planning of menus and given choices of food each day.

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

At our last inspection we found staff did not understand about all medicines they were giving and there was poor stock control and storage. At this inspection no such concerns existed.

The provider was meeting legal requirements regarding the safety of the service.

Sufficient staff were on duty to meet people's needs.

A system was in place to ensure the needs of people were taken into consideration when calculating staffing levels.

Staff knew about the medicines they were administering. There was good stock control and storage systems for medicines in place.

Each person had a personal emergency evacuation plan in place.

We have revised the rating for this key question to good.

Is the service effective?

Good

At our last inspection we found that staff were not adhering to the guidance for the implementation of the Mental Capacity Act 2005. At this inspection no such concerns existed.

The provider was meeting legal requirements regarding the effectiveness of the service.

Staff knew how to implement the Mental Capacity Act 2005.

A system was in place to track applications made under the Deprivation of Liberty safeguards legislation.

People's opinions were taken into consideration when planning menus. There was a varied choice available and menus were on display.

We have revised the rating for this key question to good.

Is the service responsive?

Good

At the last inspection we found care plans were not updated and people or their advocates were not involved in the planning of their care. We found no such concerns at this inspection

The provider was meeting legal requirements regarding the responsiveness of the service.

People were involved in the forming of their care plans and how they wished their care and treatment to be carried out.

A system was in place to review the Do Not Attempt Cardiac Pulmonary Resuscitation forms.

People's interests were taken into consideration when planning social activities. There was a varied programme of one to one and group events.

We have revised the rating for this key question to good.

Tanglewood Care Home with Nursing

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 16 February 2016. This inspection was completed to check compliance and to review the ratings awarded at the inspection in August 2015.

At the last inspection on 20 August 2015 we found the provider was not meeting the standards of care we expect in ensuring staff were adhering to guidance on the implementation of the Mental Capacity Act 2005. We also found care plans were not updated and people or their advocates were not involved in the planning of their care. We also found staff did not understand about all the medicines they were giving and there was poor stock control and storage. These findings were disputed by the provider and the provider has been granted permission to judicially review CQC's decision to publish the August 2015 inspection report.

In addition to the above areas during the February 2015 inspection we also looked at records and spoke to people about staffing levels, social activities, meals and personal emergency evacuation plans.

The team inspected the service against three of the five key questions we ask about services; is the service safe; is the service effective and is the service responsive. This is because we had previously concluded that the service was not meeting legal requirements in relation to those key questions.

The inspection team consisted of two inspectors and a specialist advisor.

During our inspection we observed care. We spoke with three people who use the service, three relatives, two of the Directors of Tanglewood (Lincolnshire) Ltd, the manager, the deputy manager, a nurse employed by the company who is an expert in dementia, five care workers, an activities coordinator and a cook. We looked at records including; staff rotas, a report of how staffing needs had been calculated, seven care plans and medicine administration records.

Good

Is the service safe?

Our findings

At our previous inspection on 20 August 2015 we identified that staff did not understand about all the medicines they were giving and there was poor stock control and storage. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medicines were checked regularly for stock levels and that audits had been undertaken by the local pharmacy and by the manager. The most recent local pharmacy visit was in February 2016 and staff had signed to say when the actions identified during the visit had been completed. Staff told us there was enough stock to ensure people did not run out of their medicines. We looked in the stock cupboards, which were neat and tidy. Staff explained how they were set out and who controlled the stock levels. Temperatures were being recorded in each of the medicine storage areas for room and refrigerator temperatures. The manager explained a new temperature control system was being installed later in the year in both storage areas which would remove the necessity for the manual taking and recording of temperatures. We subsequently were informed by the provider the system had been installed.

The provider's system of labelling medicines with dates when opened was being adhered to by staff. Staff explained the system for returning and disposing of medicines and we saw how this was recorded in record books. The medicines trolleys were tidy and clean.

We observed part of the lunch time medicines rounds on each floor. Medicines were checked thoroughly and carefully against the prescriptions for each person. Each person was supported to take their medicine and no medicines were left unconsumed. Staff knew why each person was taking certain medicines and how these could affect the person and when medicines should be taken. We looked at five MARS and found they had been correctly completed.

People told us their needs were being met. One person said, "If I've got any worries, I talk to the nurse. I can usually find an alarm if needed." One person said, "Sometimes I have to wait but that's quite rare. The rest of the time they come soon enough for me not to be concerned."

There were bungalows for people who wanted to live as independently as possible, but may require support with personal care from time to time. Staff were aware of each person's needs within the bungalows. One person told us, "If I ring the bell people are here quickly. There is a bell in every room."

Staff told us they could voice their opinions about staffing levels, which they felt were valued by the new manager. Staff had to have a written back to work interview after periods of sickness and other absentee times. The new manager had organised the rota to ensure staff worked in an effective way.

We saw the staff rotas for December 2015, January 2016 and February 2016. These were prepared a month in advance to assist staff in balancing their work and home life. The staff rotas showed where extra staff were on duty to assist people with their care needs at particularly busy periods of the day and night. The home had a contract with an agency to supply staff when required. This had been in place for a number of years.

Each person had their dependency rated which provided the manager with information on individual and collective dependency. This influenced the staff skill mix and levels of staffing through a 24hour period to ensure people's needs could be met. On the day of our visit the staff appeared to be working well together and people's needs were being met.

Staff spoke about their work in a person centred way. They explained to us the needs of different people. We overheard staff during the course of the day refer to people's particular needs and how as individuals they could help them with their care, treatment and maintaining their own independence.

We saw that each care plan contained a personal emergency evacuation plan for each person. These were also contained within the fire details folder. These contained people's personal details, any cognitive impairment, mobility problems, general health and medical information and other relevant information on each person. This ensured staff or other people assisting in an emergency situation knew how each person would react and their specific needs. Staff knew where these were kept.

We concluded that the findings at this inspection demonstrated compliance and we have revised the rating for this key question to good.

Good

Is the service effective?

Our findings

At our previous inspection on 20 August 2015 we found staff were not adhering to the guidance for the implementation of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the training matrix for 2015 and 2016. This showed that staff had undergone training in the Mental Capacity Act 2005 (MCA). This and dementia awareness were two of the topics listed as mandatory training for staff. Further MCA training had been booked for the end of February 2016 to ensure that new staff and staff not able to complete previous training could take part. The weekly training record showed which training was offered each week. This included dementia one week. One staff member told us, "MCA/Deprivation of Liberty (DoLS) update training done. I didn't know an awful lot." A staff member told us they had enjoyed their MCA training with an independent organisation. They said, "It keeps you up to date, you can see how things have changed."

A senior member of staff told us that a lot of work had taken place for people who live at the service, looking at capacity assessments and involving senior care staff in the work. They felt that the understanding of the senior care staff was "developing well." Another member of the care staff told us they had enjoyed their training with an independent organisation when they had updated their MCA training. One staff member said, "This is their [people living at the service] home, we need to adapt."

Staff were aware of their vital input to the assessment process for people who could possibly lack capacity to make decisions for themselves. Some staff told us they did not complete the assessment forms but senior staff always asked their opinions. The care plans showed the MCA assessments and best interests meetings which had been undertaken and which staff had completed the records. This gave a good audit trail for the provider to follow to ensure all risks and needs had been assessed for each person.

A system was in place on the staff handover sheet for recording DoLS information. This clearly recorded when DoLS applications had been sent to authorised bodies and which had been authorised. This ensured staff could keep reviewing those applications and authorised forms in line with people's possible changing needs. Staff were supported to record that they were asking people for consent when providing care and could record this accurately.

The care plans stated different types of dementia people were suffering from and which could affect their health, well-being and ability to make decisions. For example in one care plan a person's vascular dementia was explained and this had been reviewed alongside the person's mobility and incidents of falls. The person was unable to make decisions for themselves and to identify risks about moving around. Risk assessments were in place to minimise the risk.

People told us the meals were varied and staff asked their opinions about menus. One person said, "The food is good and well-cooked."

Menus in written format were on display in the main reception area and by the entrances of each dining room. There were also pictorial menus in each dining room for those unable to read or had difficulty communicating their needs. We saw surveys which took place each day called the "dining experience survey". A member of staff undertook to observe meals and ask questions of people who used the service each day about the meals. The survey also included comments and observations of the manager and any action to be taken. Comments from people included; "always pleased" and "happy to try new menus." Staff told us some parts of the menus had been changed recently such as people's wishes not to have so many stews. Catering staff attended residents and relatives meetings and they told us that they found this was a useful way of obtaining people's opinions about the menus.

Staff were seen to offer people hot and cold drinks throughout the day. These were also offered at the lunchtime meal we observed. Some people liked to eat in their rooms, but some liked the social meal occasion within the dining rooms. People's choices of where to have their meals was respected. One person enjoyed keeping a record of their own fluid intake for staff. This enabled them to be involved in their own care.

Staff were seen to offer people assistance at the meal time. Staff maintained eye contact with people they were helping, gently asking them if they had finished eating or would like some more food or drink. Staff respected people's wishes to remain quiet at lunch time but laughed and joked with those that engaged with them in the dining rooms and bedrooms.

We concluded that the findings at this inspection demonstrated compliance and we have revised the rating for this key question to good.

Good

Is the service responsive?

Our findings

At our previous inspection on 20 August 2015 we identified that people's care plans were not updated and people of their advocates were not involved in the planning of their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives acting on family members' behalf told us that they were involved in the discussions and decision making processes to ensure the persons needs were being met. The records showed where people or their family had been involved in discussions. They also showed where consent was required such as the use of bedrails. Relatives who acted on behalf of family members told us they were always updated by staff about their family member's condition. We saw a copy of a letter which had been sent to a relative inviting them to a review. One person said, "The girls who do [things] for me realise I like to get organised." One relative told us, "[Staff] have been very understanding about [my relative's] needs."

A director told us they did not accept unplanned or emergency admissions after 4pm or at weekends. Planned pre-assessed admissions can take place at any time deemed appropriate for each person. This was to ensure when people arrived to live at the home they could be assured that the right support would be in place. A 'head to toe assessment' of every person was completed on admission or re-admission from hospital. This included the condition of a person's skin, cuts and bruises. The effectiveness of this was described by a staff member who told us that hospital staff had stated a person was always crying whilst in hospital. On examination on returning to the home the home staff discovered the person had a deformed shoulder so was readmitted back to hospital for further treatment.

The care plans gave details of, for example people's history of falls. Staff responded to people's needs according to outcomes of assessments. In one care plan staff assessed a person who had frequent night time falls. The use of bedrails was discussed and the person was also referred to their GP for a medication review. Since the review the person no longer fell at night. In another care plan after someone had fallen and sustained a cut to their face, treatment was arranged in the home. This was because the person was restless in a hospital setting and staff recognised this was a better way for the person to receive treatment.

The risk assessment forms for those identified as at risk were comprehensive. They included falls history, lifestyle, risk to others, alcohol warnings, moving and handling risks and medicines. There was clear referral to other agencies such as falls clinics, GPs' and specialist hospital departments such as diabetes clinic and tissue viability nurses. For example when a person had continence maintenance problems. The assessments recorded the person's needs. Further records showed where the community continence specialist team had been involved for supplies and treatment.

In one care plan we saw where a person with diabetes required to have regular monitoring of their blood sugar levels. Staff knew the history of this person's diabetes and who was responsible for monitoring their care and treatment, which was documented. Another care plan gave details of a person's behaviour when at rest and at night. The person's behaviour during those periods could be disruptive to others so staff had been given clear direction on when and how to wake the person up.

The care plans were reviewed and audited regularly by senior staff. There was evidence that where action plans were in place there were timetables to review them and by whom. Each care plan had a photograph of the person's next of kin or those with power of attorney. This aided staff in identifying visitors before the staff divulged personal information. Staff were given protected working hours to update their care plans, which they said helped them concentrate. One staff member said, "We get time to sit with the residents and do paperwork." Another staff member said, "Every time I go into a room I write something in the care plan."

A system was in place for the monitoring of people's Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) forms. The staff handover sheets listed when a form required to be reviewed or not. These were discussed at staff handover times and staff team briefing sessions. The forms in the care plans we reviewed had been completed correctly. In some care plans people had already stated their funeral wishes and/or advanced directives. These set out people's specific wishes.

People's wishes for being involved in social events and the interests they had were recorded in the care plans. The activities organiser told us training was on offer for them and they had received training in activities which included dementia. Staff were ensuring that the social activities arranged were suitable for people living at the home and met their needs and interests. For example, a discussion session took place during our visit about items from the newsletter entitled, "The Weekly Sparkle". People were talking animatedly about the items. Wi-Fi was available for everyone to use. We saw one person being helped to set up an email account.

The manager told us a new activities organiser had been employed to replace the previous activities organisers. They were making more use of talking books and papers. Volunteers were coming to help with activities and trips out were being planned. A weekly activities sheet was produced and given to people to reflect upon. A director told us they had obtained a computer tablet for a person who liked to play scrabble but struggled to find people to play with within the home. They now played with people from around the world and whenever it suited them. Staff described other activities such as knitting groups and reminiscence therapy. A staff member said, "It's their home, it's about what they want to do." A relative spoke with us about the arrival of the new activities organiser in December. They said, "[The activities organiser] gets the room all involved." The previous day the relative had received a Valentine's card from their spouse which they appreciated and the activities organiser had helped the person to put together.

Pictures and items were on display in the corridors highlighting certain themes such as pets and the seaside. Staff told us these had promoted some discussion amongst people living in the home about different aspects of their lives and given insight to staff about people's backgrounds. For example, one person particularly liked the sea theme, which staff believed related to the person's previous working life. People's doors had signs to help them identify their rooms, which they had chosen themselves, such as photographs or mementos.

We concluded that the findings at this inspection demonstrated compliance and we have revised the rating for this key question to good.