

Tanglewood (Lincolnshire) Limited

Toray Pines Care Home with Nursing

Inspection report

School Lane
Coningsby
Lincolnshire
LN4 4SJ

Tel: 01526 344361

Website: www.tanglewoodcarehomes.co.uk

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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 

Overall summary

Toray Pines Care Home with Nursing provides accommodation for up to 52 people who require residential or nursing care and also supports people living with dementia. There were 47 people living in the service when we carried out our inspection.

This was an unannounced inspection carried out on 23 April 2015. At the time of our inspection the service did not have 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 and associated Regulations about how the service is run. The

Summary of findings

current manager had recently submitted their application to the commission. The manager was unavailable on the day of the inspection. However, a senior manager from the organisation was at the service.

We last inspected the service in July 2014. At that inspection we found the service was not meeting all the essential standards that we assessed. We found a breach in relation to the regulation which related to staffing levels.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection the registered provider had made referrals to the local authority, however, no one was currently subject to an active DoLS.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed before new staff were appointed. Staff helped people to avoid having accidents. There were arrangements in place for ordering, storing, administering and disposing of medicines.

Staff had been supported to assist people in the right way, including people who lived with dementia and who could become distressed. People had been helped to eat

and drink enough to stay well. We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect. We saw examples when staff respected people's privacy.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service. Visitors were made welcome by the staff in the service. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care. People were offered the opportunity to pursue their interests and hobbies.

There were systems in place for handling and resolving complaints. People we spoke with and their relatives were aware of how to raise a concern. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The manager and the registered provider assessed and monitored the quality of the service provided for people. The service had established links with local community groups which benefited people who lived in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by managing risks to their health and safety such as avoiding accidents.

There were enough staff on duty to give people the care they needed. Background checks had been completed before new staff were employed and people's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had been supported to provide the right care including reassuring people when they became distressed.

People were helped to eat and drink enough to stay well and people had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes. Staff provided people with the care they needed including people who lived with dementia

People were supported to make choices about their lives including pursuing their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was consistently well-led.

The service did not have a registered manager in place, however, the manager had submitted their application to the commission.

The provider had regularly completed quality checks to help ensure that people reliably received appropriate and safe care and staff were supported.

Good



Summary of findings

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Toray Pines Care Home with Nursing

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.

We visited the service on 23 April 2015 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spent time talking with ten people who lived in the service and seven relatives who were visiting on the day. We spoke with a senior manager

who worked for the registered provider, the deputy manager and four members of care staff. In addition, we spoke with the activities team and other members of staff who supported the service on a day-to-day basis.

We observed care and support in communal areas and looked at the care plans of five people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the manager and the provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted two health or social care professionals and asked them for their feedback on the care that people received at the service.

Is the service safe?

Our findings

During our inspection in July 2014 we found that people experienced delays in receiving suitable assistance because of inconsistent staffing levels in the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

During this inspection we saw that the registered provider had reviewed staffing levels in the service. A new shift had been introduced during the afternoon from 3pm to 8pm which had increased staffing levels. Staff we spoke with said that the staffing levels had improved. One staff member said, "I am happy with current level of staffing. People's needs change all the time and if you raise you need more staff they will listen and take action." We noted that at a recent staff meeting comments had been recorded that the skill mix had improved and staff morale was better.

During our last inspection we found that the service were using agency staff on a regular basis. At this inspection we found that further staff had been recruited and that the use of agency staff had been reduced. For example, during the two weeks prior to our inspection the service had used agency on one to two nights per week to cover a registered nurse vacancy on nights.

We received a mixed response from people and their relatives in relation to staffing levels. The majority of people we spoke with were happy that they received their care in a timely way. One person said, "There always seems to be enough staff. I never have to wait very long when I require assistance." A relative said, "They are busy, but [my relative] gets the care they need and that's all that matters." However, another relative said, "They could do with more staff on I think. Sometimes they are rushed off their feet."

Everyone we spoke with told us that the call bell system in their rooms worked well and they "mostly" received a prompt response from the staff on duty. One person said, "Generally the buzzer call bell is answered in a reasonable time." We noted that call bells rang frequently but there were enough staff available to answer the bells and that people received the care they required. The senior manager monitored call bell response times in the service and we saw they had taken action when calls bells rang for

longer than the response times agreed by the registered provider. We looked at the previous months worked staffing rota and found that there were no significant gaps and that action had been taken to address any short notice absence due to ill health or annual leave. Feedback from health and social care professionals was also positive. One said, "It is always easy to find a member of staff to discuss someone's care with. The staff are approachable and helpful."

Five staff personnel files were checked to ensure that recruitment procedures were safe and appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

People said that they felt safe living in the service. One person said, "Yes I know I am very safe here, safe as houses you know," another person said, "Yes it's a safe place to be. I feel very safe and happy here." Relatives we spoke with also felt their loved ones were safe at the service.

Staff said that they had received training in how to maintain the safety of someone who lived in the service. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager and the provider. They told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

The records we hold about the service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. Since our last inspection we found that an incident had occurred at the service and that the manager and the registered provider had taken the correct action and informed the local authority safeguarding team and the police. They had undertaken an investigation and had taken action to minimise a re-occurrence. This action had made sure that people who used the service were protected.

We looked at people's care plans and saw that possible risks to people's wellbeing had been identified. For

Is the service safe?

example, the risk assessments described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer. The risk assessments identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress in place. Audits of the risk assessments had recently been carried out by a senior manager within the organisation and had highlighted areas which required review. We saw that this had been actioned by key staff and amendments had been made to reflect any change in people's care needs. Staff demonstrated they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

Staff carried out medicines administration in line with good practice and national guidance. They also demonstrated

how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff who administered medicines told us, and records confirmed, they received regular training about how to manage medicines safely.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We looked at five people's medicine records and found that they had been completed consistently. Medicines audits were carried out on a monthly basis when people's medicine charts were checked. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Is the service effective?

Our findings

People said that they were supported and cared for by staff that had the knowledge and skills to carry out their role. One person said they felt staff cared for them well and that, "I receive good care and the [staff] are very good."

The registered provider had a training manager in post that planned all staff training for the service and monitored that staff were up to date with their training. The training manager said, and records showed that the service was performing well against targets that the registered provider had set for themselves. They said, "I spend a lot of time in the home and also carry out observations of care and watch how staff interact and support people. This allows me to pick up on themes or trends and then I can plan further training around them. I have seen nothing that has ever concerned me." Throughout the inspection we saw staff providing care and support for people which demonstrated they had applied this training in the appropriate ways. For example, staff used hoists safely and assisted people safely when supporting them to change position in their bed or chair.

On the day of our inspection, a group of staff were undertaking their first aid training. When this was completed we asked staff if the training had been beneficial. One said, "That is the best training I have ever had. It's great to be able to do the practical bits rather sit on a computer and learn." Staff received regular supervision sessions and appraisals which reviewed their performance. We saw that the manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due and had taken place. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required. Staff also said us that they held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people's individual needs.

The senior manager of the organisation and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who

lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. At the time of our inspection there were no DoLS in place.

People told us they enjoyed the food they received in the service and received a healthy and nutritious diet. One person said, "The food is generally good here." and another person said, "The meals are very good." One relative said, "The chef came and spoke with my [relative] and me when their food was not coming to their room hot enough. It took too long to get here and was cold. They sorted the problem with providing a hot lock. Everything works fine now and his meal is lovely and hot."

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were aware of people's individual needs. They provided the level of support and monitoring needed. People were given an explanation of the food available to them. We observed people having lunch in two of the dining rooms in the service and noted that the meal time was relaxed and a social event in the day as people were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to do. able and offered choices. People had ample portions of fresh, home cooked food, choices for each course and extra helpings when they asked for them. Cold drinks were freely available in all communal areas for people and staff made hot drinks for people at regular intervals and when requested. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

We spoke with a member of the catering team who said how they worked to ensure that people received a full and varied diet. They knew which people required additional dietary support for needs such as swallowing problems, diabetes and weight loss and we saw how the lunch time meal was adapted to meet those needs. Although no-one in living in the service currently had specific cultural or religious dietary requirements, the chef was confident they could cater for those needs appropriately if required.

People received good healthcare support. Their health and care needs were monitored and supported through the

Is the service effective?

involvement of a range of relevant professionals such as their local doctor, optician, district nurse and dieticians. People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. Relatives commented on the good level of healthcare. One relative said, "In an emergency they just get on and deal with it here and notify us later, which is just how it should be. They are very good like that." Other relatives said that they were confident that doctors and other health professionals were always called when needed and the service responded, "efficiently and effectively."

Records of health professionals visits were kept in people's care files and showed what treatments and interventions a person had received. For example, a district nurse visited during our inspection to take a blood sample from one person and this was noted by staff as this was linked to one of the person's medicines. We found that staff responded effectively in an emergency situation which occurred during our inspection. We observed how staff called for the urgent assistance of health professionals and ensured that the person received the appropriate emergency care.

Is the service caring?

Our findings

People told us they liked the staff who supported and cared for them. One person said, “I think they are all kind staff and that’s why I am so happy here, quite content thank you.” Another person said, “I am happy here and we have nice staff looking after us. If I didn’t think anything was good enough, I would tell them.”

Relatives we spoke with were also positive about the care people received. Three relatives who were visiting a family member said, “It’s like a 5 star hotel here.” Other relatives were positive with comments which included, “We have had a lot of experience regarding care homes and this is the best we have been in.”, and another said that they had previously had three other relatives live in the service and that, “It speaks volumes, I would look no further than here.”

There was a welcoming atmosphere within the service during our visit. Relatives said that they were made to feel welcome by staff and invited on a regular basis to planned events in the home and that often people stayed to have lunch with their loved one. A health and social care professional also commented on how the positive the atmosphere was in the service when they visited.

We observed that the relationships between people who lived there and staff were positive and caring. One person said, “I get on well with the [staff]. You get to know each other and they always try their best for you.” We saw staff supporting people in a patient and encouraging manner. For example, one person spent time walking around in the dining room and didn’t want to sit down for their lunch straight away. Staff stepped back and let them come to the dining table at their own pace and did not hurry them along. We observed staff dancing with people at the St George’s day celebrations that took place during our inspection. People were laughing, smiling and holding hands with staff and had enjoyed the party.

We saw that people were treated with respect and in a caring and kind way and staff referred to people by their preferred names. Staff were friendly, patient and discreet when supporting people. For example, people were assisted to leave communal areas discreetly and go to the

toilet and other people were given gentle encouragement when they were mobilising. One person said they had lost their spectacles recently and this was causing them some anxiety. A staff member overheard our conversation and told us that the staff had this noted at their handover meeting and they were trying their best to locate the person’s glasses. The person said, “Apart from losing my glasses I am happy here.”

Staff recognised the importance of not intruding into people’s private space. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. For example, we were sitting talking with a person during our inspection and the bedroom door was closed. A staff member knocked and waited before they entered the room. Everyone had their own bedroom some with an en-suite. One person said, “It’s so nice to have your own bit [they pointed to the en-suite]” People’s bedrooms had comfortable chairs where people could sit and relax and enjoy their own company if they did not want to use the communal lounges. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

People had been supported to maintain their independence and make proactive decisions. We saw that the service had ensured that people, where appropriate, had been supported to register for their postal vote in the upcoming general election. Information was displayed in the main foyer of the service and we noted that local candidates had visited the service in the run up to the election to discuss their manifestos.

The senior manager from the organisation was aware that local advocacy services were available to support people if they required assistance. There was information displayed around the service for people and their relatives should they wish to access this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw from previous contacts with the service that advocates had been used in the past to support people to make decisions.

Is the service responsive?

Our findings

Staff were responsive to people's needs. Throughout the day choices were given to people, including those who were frail or living with dementia. One person said, "Yes I can get up and go to bed at a time to suit me. I sometimes like to get into bed around 4pm so I can rest." People were asked for their views before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible. For example, we observed how staff asked one person if they could place a protective apron on them whilst they ate their dessert and did not just assume they could put it on. Another staff member spoke with people following the religious service and asked people what they wanted to do next. Some people decided to go back to their bedrooms and were supported with this choice, while others chose to watch television. There was a debate of what to watch and people decided to watch a film.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. We observed at lunch that one person preferred sandwiches to a hot meal. Another person didn't seem to be enjoying their meal. A staff member spoke with them and asked if they would like something else. They said they fancied their pudding instead, so staff immediately removed the main meal and offered them a choice of two puddings, which they went on to eat. People could choose where they ate their meal, either in the dining room or in the privacy of their own bedroom if they wished to. There were pictorial aids available for people so they could relate the food to what they were eating. We also saw how staff bought people jugs of drink and plates of food and allowed them to choose which they wanted.

People's care plans were maintained and staff had access to the information they needed. The care plans and assessments reflected people's individual needs and showed that people's preferences and needs had been identified through discussion with people and/or their families. We noted that there had been an audit of care plans in March 2015. Audit checklists were in the five care plans we looked at and had highlighted areas that required review. We saw that action had been taken by key staff to address these which had ensured that they were current

and reflected the care people required. Relatives we spoke with confirmed that they had been involved in care planning and felt their views were listened to and respected. One relative said, "I have been involved in [my relative's] care and helped devise their care plan and I know they [the staff] have to make notes and record everything they do on their records." People's care plans were kept under regular review and updated to reflect people's changing needs. One person said, "Yes I know they write things about me and how they care for me in a document and I have signed it to agree and they change it when they need to if I need more help."

People we spoke with were positive about the activities which were available for them in the service. People said they had been a, "real improvement" since new staff had joined the activities team. One person said, "The new [staff member] is very bubbly and gets everyone involved." During our inspection several planned events took place which included a religious service and a party to celebrate St George's day. All were well attended by people in the service. People and their family and friends joined in with the festivities in the afternoon, and there was dancing, music and singing along with a themed food menu for afternoon tea.

The dedicated social activities team planned events ahead and published these in a monthly newsletter. Schedules were also available throughout the service so that people knew what was available to them and therefore could make a choice. Where people could not attend communal activities they were supported on a one to one basis in their bedrooms to minimise social isolation. There were a wide range of activities for people to choose from which included quiz time, arts and crafts and external entertainment. Several people in the service had been supported to continue their hobby of knitting and the service had established contacts with people from a local community group who also attended the 'knit and natter' sessions. The activities team attended resident and relatives meetings to ask for people's opinions on the activities provided and they were able to give us examples of when they had acted and implemented on some of the suggestions made. The activities team members explained how they had undertaken training in establishing activities for people who lived with dementia and how useful this training had been. They gave examples of how they now utilised this knowledge when planning activities such as a new memory and observation game.

Is the service responsive?

People were encouraged to raise any concerns or complaints that they had. One person said, "I know who I would complain to, the boss lady, and in fact I have done, because my meal which I have in my room, was cold when it got to me. So now they heat the plate well before it comes to me and my food is now much better, it's hot!" The service had a complaints procedure which was available throughout the service. People we spoke with and their relatives told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint

would be taken seriously and fully investigated. One relative said, "We would always go to the manager and they would sort things if we had a problem." Another relative said, "Things have improved vastly for me and my [relative].I have no complaints now. The system is working at last." A system for recording and managing complaints and informal concerns was in place. We looked at the last formal written complaint made to the service and found that this had been investigated and responded to in line with the registered provider's policy.

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection. The current manager had been in post since July 2014 and they had submitted their application to become registered with the commission and this was being processed. The manager was not available on the day of our inspection. However, a senior manager from the organisation was available at the service throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

We saw that the senior manager talked with people who used the service, their relatives, staff and visiting healthcare professionals throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide leadership for staff in the absence of the manager.

People and their relatives told us that the service was well led and managed. One person said, “The manager is always around, not one of those who shuts themselves away.” Relatives said that they felt they knew the manager, “Very well.” They said that the manager and the senior manager were approachable and always listened.

Staff said that they had meetings to discuss matters and promote communication about what was going on in the service. We saw that there were regular department head meetings and team communication briefs which shared information with the whole team who supported the service. People and their relatives were given the opportunity to influence the care and support they received as regular meetings were held by the manager to gather people’s views and concerns. The service also used quality surveys to gather feedback and action plans were in place to address any concern raised. This showed that people were kept informed of important information about the service and given a chance to express their views.

Staff were provided with the leadership they needed to develop good team working practices and that they were supported by the management team. Staff said that they were happy working at the service and felt supported with one staff member telling us, “I am very proud to work here.” Other staff members were also positive. One staff member said, “We have a good bunch of staff here at the moment. There are always some grumbles but nothing major. It feels like is settling now.” Another member of staff said, “[The manager] is supportive and tries their best. If they can’t action it and sort it then they will escalate the concern.”

There were quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the senior manager which reviewed the quality indicators and monitored how the service was performing. Where a short coming had been identified there were action plans in place to address this.

People were supported in maintain their involvement in the local community. Several local charity groups had established links with the service and visited on a regular basis. In addition, we saw examples of people being supported to maintain links with groups which they had had before they came to live at the service. This included links with the local Royal Air Force service base and included visits to the air base.

The service had associations with several local companies and had hosted charity events and raised money by organising tea parties and bingo nights, which were enjoyed by people who lived in the service. We saw a good example of how the service had worked in partnership with the local authority to support care provision for a person following their death. The service had arranged the funeral and also held the wake at the service as the person had no family to do this for them. The local authority had acknowledged this as a, “Really good example of caring.”