

Tanglewood (Lincolnshire) Limited

Cedar Falls Care Home with Nursing

Inspection report

Little London Road
Spalding
Lincolnshire
PE11 2UA

Tel: 01775713233

Website: www.tanglewoodcarehomes.co.uk

Date of inspection visit:
20 June 2019

Date of publication:
10 September 2019

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

About the service

Cedar Falls Care Home with Nursing is a residential care home providing personal and nursing care to 91 people at the time of the inspection. The service can support up to 93 people who need nursing care, residential care due to old age or who may be living with dementia. The home has ten bungalows in the ground for people who wish to retain some independence, the rest of the people living at the home are in a purpose-built facility.

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

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

There were enough staff to meet people's needs and they had received all the training and support necessary to ensure that the care they provided was safe and met best practice. People told us staff were kind and caring and supported them to maintain their dignity and encouraged their independence.

Care plans were up to date and recorded the care people needed and how risks to people should be managed. Medicines were ordered, stored, administered and disposed of in line with good practice guidelines. People were happy with the food provided and were able to make choices. In addition, Sandwiches, snacks and fruit were on display all day for people, which encouraged people living with dementia to eat.

The registered manager monitored the quality of care provided to ensure that staff worked to the best practice guidelines and used the skills provided through training. Accidents and incidents were investigated, and the registered manager and staff took action to try and prevent similar incidences occurring in the future.

The registered manager and provider had gathered the views of people living at the home about any changes made to the environment and the care they received. In addition, the registered manager worked collaboratively with research organisation to drive forwards knowledge and best practice in supporting people living with dementia.

Rating at last inspection

The last rating for this service was Good (published 17 December 2016). At this inspection we found the service had maintained a rating of good.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cedar Falls Care Home with Nursing

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 team consisted of an inspector, an assistant inspector, a specialist advisor and an Expert by Experience. The specialist advisor was a nurse as this was a nursing home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cedar Falls Care Home with Nursing is a care home. 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with the nominated individual, registered manager, the cook, the head housekeeper, three nurses and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I feel safe here as I have neighbours and staff pop in to see me during the day." Another person said, "I know who to talk to if I don't feel safe."
- A relative told us how the registered manager was responsive and took action when possible safeguarding concerns were raised. They explained how a person had complained staff were coming into her room at night and shouting at her. An investigation showed the person was waking up and shouting for staff who responded. The relative told us this thorough investigation had put their mind at rest.
- Staff were aware of the signs of abuse and said they would report any concerns to the manager or deputy manager. They were aware of the role of the local authority safeguarding team and how to make a referral if necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and reviewed monthly. This included nutritional risk (MUST), pressure ulcer risk (Waterlow) and choking. Actions to reduce the risks were identified in people's care plans. However, we saw one incident where a person was assisted to move in an unsafe way by staff. We raised this with the registered manager, following the inspection they wrote and told us of the action they had taken which had included retraining the staff involved.
- Care records contained a "Risk taking agreement" form for each person, identifying risks relevant to the person using the service such as a falls risk, choking risk etc and listed some actions being taken to mitigate the risk. People or their relatives were asked to sign the form to say they understood the risks and were happy with the action being taken.
- People's evacuation needs had been reviewed in case of an emergency. This allowed information on each person to be available for the emergency services if needed.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There is always staff about, I never feel isolated." People told us staff had the skills needed to care for them safely
- The registered manager explained they had enough staff available to cover any gaps in the rota which meant they never had to use agency staff. One person told us how this improved the care as all the staff caring for them knew their needs.
- During the inspection we observed there were enough staff to spend time with people in the communal areas. Staff responded promptly when people needed attention and to provide one to one care for people when they needed it.
- Staff told us and records showed the provider had completed all the necessary checks on people before they were allowed to work at the home.

Using medicines safely

- People told us staff kept them informed about their medicines. One person said, "I take medication and I asked staff what one of the tablets was for, she showed me the book and what it was for." A relative said, "They discuss any changes in anything with [Name] including medication. Their medicines had been reviewed when they came here and they seem to be a lot better for it."
- Medicines were stored safely. Best practice guidance on labelling liquid medicines and ointments with date of opening were followed. Processes were in place for the timely ordering and supply of medicines. We observed the administration of medicines at lunchtime. Staff made the necessary checks and stayed with people until they had taken their medicines.
- Medicine records included a photograph of the person to aid identification along with a recording of any allergies. Several people had medicines that were administered covertly. We saw their GP and their relative had signed their agreement to this and the registered manager had checked with a pharmacist if it was safe to administer the medicine with food.
- Staff told us they completed training in administering medicines and had a competency assessment. They said that supervision sessions often covered medicines administration and management.

Preventing and controlling infection

- The home was clean and tidy. The housekeeping team worked to good practice guidelines to ensure that standards were maintained. In addition, the head housekeeper completed routine audits to ensure work had been completed to an acceptable standard.
- Staff had received training in keeping people safe from the risk of infection. We observed staff using gloves and aprons appropriately. Staff were aware of the actions to take if a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- Staff told us they were encouraged to report incidents. Following an incident such as a fall, Staff discussed with senior colleagues about actions they could take to prevent it happening again. For example, they had provided one to one support for a person who was at high risk of falls and showed distressed behaviours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the standard of care they received. One person said, "The care here is good, the staff keep me safe and the caring is good for me." People received a pre-admission assessment so the registered manager could be sure staff had the skills to meet their needs.
- People's care plans were reflective of nationally recognised care guidance and regularly reviewed in accordance with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their mobility or skin care.

Staff support: induction, training, skills and experience

- People were happy with the quality and safety of care they received. A relative told us, "Staff are well trained and new staff appear to shadow more experienced staff, the new staff are not quite so good at asking residents consent but that will come with experience I think." A person living at the home said, "Staff are well trained I can't fault them."
- Two members of staff recruited in the last year told us they had a good induction with three days in the classroom and they worked alongside the clinical lead or an experienced nurse for two days. They said they received a good level of support and felt able to ask questions if they were uncertain.
- Nurses received regular training to maintain their clinical skills. For example, staff told us they had received training for end of life care and the use of syringe drivers, PEG nutrition, and wound management. A nurse who had needed to undertake re-validation praised the provider for the support they had been given. They said, "It was very well taken care of. I was supported throughout." Re-validation is where nurses must show their professional body they have maintained their learning and skills.
- Staff received regular supervision and an annual appraisal where they said they discussed their training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the quality of the food provided. One person said, "The food is nice, I don't always get to see a menu, but they know what I like and I'm often asked what I fancy. I can make my own drink here in my bungalow and staff often ask me if I'd like them to make me a drink. I don't go over to the dining room as I prefer to eat here. The food is hot when I get it as they cover it up to keep it warm."
- The provider had designed and had specially built refrigerated snack trollies. These were filled with tempting items such as cakes, fruit and sandwiches and were on display in the communal areas on each floor. People were able to help themselves to these snacks throughout the day. In addition, one person who declined to eat a hot meal at lunch time enjoyed a sandwich and fruit. Having different snacks on display

encouraged people living with dementia to eat more. This was because while they may not be able to identify options offered to them verbally having options in front of them simplified the choice they needed to make.

- Nutritional assessments were completed and nutritional care plans were in place. We saw when staff had concerns about people's swallowing or weight loss, they consulted the appropriate professionals and information in the care plans showed they took steps to maximise people's food intake. We observed two people who had previously experienced weight loss had gained weight since coming to the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us the staff knew people well and were able to identify when they were not well. One relative said, "The nurses and carers seem to spot anything and act." When people did not feel well they were offered the option of seeing a healthcare professional. One person told us, "Staff will come in, if I say I'm not feeling well they will ask me if I need to see a doctor."
- Staff consulted with other professionals and asked them to review people when they had concerns. We saw evidence of the involvement of a dietitian, speech and language therapist, optician, community psychiatric team. For example, records indicated staff liaised well with GPs and asked them to review people when they identified a health concern.

Adapting service, design, decoration to meet people's needs

- The upstairs unit where people living with dementia spent their time had been designed to support their needs. There was pictorial signage to help people find their way around the home. However, there were no distinguishing features on bedroom doors other than the bedroom number and the service did not use memory boxes or pictures at the entrance to people's rooms.
- The provider had used attractive murals to give people something to engage with while walking around the home. There was a seaside scene as well as a village scene. People living at the home had been included in choosing the murals put on the wall.
- Equipment to support people was in place around the home. For example, there were accessible baths and spacious bathrooms to accommodate people with mobility issues.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were not always decision specific and although a best interest checklist was completed, involvement of others in the decision-making process was not always clear. There was no

documentation to demonstrate alternative options had been considered and why this was the least restrictive option for the person. For example, bed rails were used widely in the service and we did not see any consideration as to whether a sensor mat might be suitable for some people. Another person was an insulin dependent diabetic and had unstable diabetes. A member of staff said the person did not like having the test to monitor their blood sugar levels or the injections of insulin and would often resist. Staff therefore reduced the frequency of testing to a minimum. The person had dementia and did not have capacity to make decisions about this, however, there was no evidence of a mental capacity assessment and best interest decision in this regard.

- DoLS authorisations were gained as appropriate and records of the authorisation were kept in people's care records. We found they were in date and when conditions were in place these had been adhered to. For example, a person's DoLS authorisation had a condition that staff should obtain a review of the use of covert medicines every six months. Staff had recorded a review of the decision at a best interest meeting.
- Care records contained consent forms signed by the person using the service or signed by a relative "on behalf of the resident" to show their consent for sharing information with other professionals, referring the person to their GP, care and treatment at the service and for the use of bed rails if required. There was also a consent for the use of photographs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same 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

- Staff showed a good understanding of people's needs and anxieties and responded to them appropriately. They showed patience and understanding with a person who called out repeatedly and spent time with them to calm and reassure them.
- Relatives told us the staff were caring to people living at the home. One relative said, "Every member of staff is cheerful." Another relative told us, "The staff are the best part of the home."
- We observed staff speaking discreetly to people about sensitive issues and taking steps to maintain their dignity.

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

- Relatives told us staff enabled people to make decisions. One relative told us, "I think the staff are very good at encouraging [Name] to make their own decisions. When they want to leave the chair to get into her wheelchair staff always encourage her to walk a few steps to it. They don't rush her."
- One person expressed a desire to go to their bedroom to rest, staff responded promptly to this request.
- People living at the home or a relative had signed their care plan to show they had been involved in its development.

Respecting and promoting people's privacy, dignity and independence

- Care plans had a privacy and dignity care plan to remind staff of the key actions by staff to maintain people's privacy and dignity. For example, Staff used curtains where necessary to maintain privacy.
- Staff encouraged people to walk where ever possible and told us of how they had provided an enclosure for a person to store their mobility scooter to maintain their independence to access the local community.
- A relative told us how care staff would listen to what a person wanted and took account of their wishes while also ensure people's care needs were met. One relative said, "[Name] and the other residents are treated with dignity and respect. When [Name] refuses to take medication or food they accept that but return a short while later when she has calmed down and try again and this is good as she will often take it then."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People told us they had been involved in planning their care. Where people had been unable to be involved in planning their care their relatives or others they had requested to make decisions on their behalf had been included. Relatives were confident they were updated about any changes in the person's need or that they could talk to staff about their relatives' needs.

- People's care plans reflected their current health needs. Records showed staff had identified when people were not well and ensured tests were completed as soon as possible so medicine could be arranged if needed.
- Where people had wounds, records on ongoing care showed appropriate action was taken to support the wound healing. The multi-disciplinary visit record showed the tissue viability nurse had reviewed the people when needed and gave details of their advice including the type of dressings to be used. Staff took photographs of the wound to assess wound healing and completed a wound assessment form on a regular basis.
- Where people had long term conditions such as diabetes there was clear guidance in their care plans how often their blood sugars should be checked and at what level should staff refer the person to the doctor for additional support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans provided information about difficulties people experienced with communication and the effects of their dementia on their ability to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a variety of group and individual activities on offer to people. People told us they were happy with the activities provided for them. one person told us, "They know me well and know I like quizzes, so they come and tell me when there is a quiz and take me to it." Another person told us, "The activities co-ordinator is brilliant there is always something going on, we are never bored."
- There were activities placed for people around the communal areas of the home so that if they chose to walk around there was always something they would find interesting. For example, one area of the home

was decorated as a pub with a game of skittles. The registered manager had also arranged a themed afternoon reflecting a day at the seaside, to give people who were unable to leave the home a pleasant experience

- People told us they were encouraged to make friends in the home. One person said, "They also know that me and my friend like mixing with the people upstairs, so they will tell us what is going on up there and we go up and have a laugh with the other residents."
- People were supported to spend time in a safe, secure and pleasant garden area. The registered manager told us they had worked with the University of Kent in designing a garden which would support people living with dementia. They had obtained charitable funding to provide a community sensory garden.

Improving care quality in response to complaints or concerns

- There were arrangements in place to ensure people's concerns and complaints were listened and responded to in order to improve the quality of care. Information was available to people on how they could raise any concerns they had. Staff told us if a person identified a concern they would try to rectify it immediately and would report it to the deputy manager or registered manager.
- The registered manager had dealt with two recent complaints. We could see that the concerns had been fully investigated and action taken to resolve the issues.

End of life care and support

- Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. Staff worked with people at the end of their lives to help them have a comfortable pain free death. For example, by working with other healthcare professionals to ensure pain relief was available when needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same 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

- All the people we spoke with were complimentary about how the home was managed. They all knew the registered manager by name. All relatives were very happy with the way they were kept in touch with what was happening at the home and with their relatives.
- The culture in the home was open and people were able to raise concerns with the registered manager on an ongoing basis and they were resolved. The manager was knowledgeable about all people using the service and their care and support needs.
- It was clear staff knew people well and had developed kind caring relationships with them. Staff told us the aims of the service had been discussed at their induction. They tried to provide individualised care based on people's needs and wishes.

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 provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.
- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about their relatives care needs.

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

- Staff said they had a very good level of support from the management team and were able to ask questions if they were unsure of anything. They told us communication was generally good and the team worked well together.
- The provider and registered manager had audits in place to monitor the quality of care provided. Where the audits identified areas of concern the registered manager took action to improve the quality of care people received.

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

- The provider had gathered the views of people living at the home through the use of questionnaires, residents' and relatives' meetings and by providing comment slips. Records showed where any concerns were found action was taken to improve the quality of care people received.
- When specific changes were being made in the home the registered manager ensured they consulted people for their opinions before making any changes. An example of this was when rooms were being redecorated. Residents were consulted about their colour themes for their bedrooms.
- The views of staff were also taken into account and the registered manager would have staff meetings every six months to talk about the changes planned in the home and how previous changes had been implemented.

Continuous learning and improving care

- The registered manager had taken steps to ensure that the care provided reflected the latest best practice guidance. They had aligned themselves with research organisations and took part in research to look ways in which care could be improved.

Working in partnership with others

- The local dementia support group was fully supported by the home and held their meetings in the home. In addition, on a monthly basis the registered manager held a dementia café for people living at the home, their relatives and others in the local community living with or supporting a person with dementia.