

Totem Care Limited

Tanglewood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Service type

Tanglewood is a residential care home providing accommodation and personal care, registered to support up to six people with learning disabilities and or autism. People using the service also had complex health needs and physical disabilities. There were six people using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The service applied the principles and values of Registering the Right Support and other best practice guidance. For example, in the way it assessed people's needs and worked with people to identify individual goals that increased their confidence and independence.

People received highly personalised care that responded to changing needs, focused on their strengths, empowered them and gave them choices. This enhanced their quality of life. Staff were innovative and creative in the way they provided opportunities for stimulation and interaction. People had detailed personalised care plans in place which reflected their individual needs and preferences. Staff were creative in the way they communicated with people to understand their wishes.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

Relatives told us they thought people were safe at the home and we observed people we relaxed in the presence of staff and each other. They were protected from the risk of abuse because staff understood the provider's safeguarding and whistle blowing procedures, should they need to do use them.

There were enough staff working on each shift to meet people's needs. Recruitment checks were completed before staff started to work. Staff received training and support to meet the needs of people at the home.

Staff knew how to report and record the details of any accidents or incidents which occurred at the home. The registered manager reviewed accident and incidents for learning and to reduce the risk of repeat occurrence.

Possible risks to people were identified and risk management plans detailed guidance for staff to follow to minimise possible risks. Medicines were safely stored, administered and administration was accurately recorded. Staff were aware of the action to take to reduce the risk of infection.

People were supported to maintain a balanced diet. Staff worked closely with a range of health professionals and ensure people had access to a range of healthcare services when needed. The home had been adapted to meet people's needs.

Staff treated people with kindness and compassion. People were involved in making decisions about the support they received. Staff treated people with dignity and respected their privacy.

There was a system to monitor the quality and safety of the service and any learning identified was shared with staff. The registered manager sought people's views on the service through regular meetings and an annual survey. They sought to make improvements based on feedback. The provider had a complaints procedure in place and people told us they knew how to complain. The expressed confidence that any issues they raised would be addressed to their satisfaction.

There was an open and inclusive culture at the home. Staff and the registered manager shared the aim of providing good quality person centred care. Staff spoke positively about the culture and management of the service. The home worked in partnership with health professionals, voluntary groups and the local authority.

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

Rating at last inspection:

The last rating for this service was good (5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Tanglewood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by a single inspector.

Service and service type

Tanglewood 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 since the last inspection. We contacted the local authority commissioning and safeguarding teams for their views about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

People at the service were not able to communicate their views about the care they received. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two care workers, the registered manager, the deputy manager, the maintenance person and a representative of the provider. We looked at two people's care records, three staff records and records related to the running of the service such as fire safety records, audits and meeting minutes.

After the inspection

We contacted six relatives of people using the service to ask for their views. We also contacted two health care professionals for feedback about the service. We continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment checks were carried out to ensure the service employed suitable staff. These included criminal records checks, the right to work, identification and applicant's employment history. However, we found for two staff an old application form had been used and their full employment history had not been requested, checks on some previous employment in health and social care, as required under the regulations, had not been completed. These issues were addressed at and after the inspection and we were sent evidence to confirm the action taken.
- There were enough staff on duty at the home to meet people's needs safely. Some people were assessed as needing one to one care throughout the day and we saw staff were aware of this and who they were responsible for. We observed that people were attended to promptly and staff had time to interact and engage people and provide care personalised to their needs. The registered manager told us staffing levels could be flexed to meet any changes in needs.
- Relatives commented that they thought there enough staff when they visited. One relative said, "There are definitely enough staff there and they really know how to look after people there."

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were safe from abuse, neglect or harm. We observed people interacted positively with staff and appeared to recognise and respond to them. Staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had any concerns.
- Relatives all told us they thought their family member was safe from harm at Tanglewood. One relative commented, "[My family member], is absolutely safe there. I am very happy with the care."
- The registered manager understood their responsibilities under safeguarding. They knew how to raise safeguarding concerns appropriately with the local authority and to notify CQC
- There was a system to respond to and monitor accidents and incidents and share learning at the service. Staff explained the importance of reporting and recording accidents and incidents. These were reviewed by the registered manager and discussed in staff meetings or supervision and information provided in the staff update folder to share any learning. For example, we found learning from pattern of behaviour and incidents had been discussed with health professionals and changes made to the guidance for staff.
- Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.

Assessing risk, safety monitoring and management

- Possible risks to people were assessed and reviewed regularly to reduce the likelihood of them occurring.

Risk management plans guided staff on how to reduce risks. Action was taken to address risks, for example, risks in relation to epilepsy were managed through frequent monitoring, the use of sensor alarms, guidance for staff in relation to possible triggers and regular health professional reviews.

- Where people displayed signs of anxiety and distress which could put them or other people at risk, there were guidelines for staff to follow to help identify possible triggers or support them safely. Staff were knowledgeable about the people they supported. They described people's individual risks and how to minimise them. For example, ensuring people had suitable pressure relieving equipment where this was part of their care plan.
- Risks in relation to emergencies were safely managed. A recent fire risk assessment had been completed and the action recommended had been taken. Fire drills were conducted regularly for day and night staff to ensure they were clear about what to do in an emergency. Staff had taken part in a health and safety meeting in relation to emergencies. Staff received first aid and fire safety training which include the use of evacuation equipment. People had individual emergency evacuation plans to guide emergency services on their safe evacuation.
- Risks in relation to the premises and equipment such as window restrictors, hoists and water temperatures were monitored through a schedule of internal and external checks and servicing. A recent legionella risk assessment had also been carried out to identify any possible risks.

Using medicines safely

- Medicines were safely managed. People's medicines were securely and safely stored. Regular checks were made on the temperature of the storage area and medicines fridge to ensure medicines remained safe for effective use. Controlled drugs were managed and administered safely. There were robust arrangements for 'as required' medicines and for when people were away from the home. Topical medicines charts were being introduced at the time of the inspection to ensure the application of prescribed creams was managed safely.
- Staff who administered medicines were trained and had their competency to administer medicines assessed three times before they were considered ready to undertake this role. Staff also received training on the administration of emergency medicines to meet the needs of people at the home. A senior staff member said, "We really make sure staff understand and know what they are doing before they administer medicines."
- People had medicine administration records (MARs) which included details of any known allergies, to help reduce possible risks. MARs showed that people had received their medicines as prescribed, in line with the prescriber's instructions.

Preventing and controlling infection

- Staff followed safe infection control practices to protect people from the risk of infection. Staff used personal protective equipment such as gloves appropriately and washed their hands before and after providing care. Staff had infection control and food hygiene training and knew how to reduce the risk of infection. The service maintained a stock of PPE which staff confirmed they had access to.
- The home was clean and there were no odours. There were regular cleaning tasks allocated to day and night staff and to people to undertake with staff support such as cleaning their bedrooms. Relatives confirmed when they visited they had no concerns. One relative said, "It is always clean whenever I go and there are no smells unlike some places."

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a range of training and support to enable them to be equipped to carry out their roles. Staff had training specific to their role such as epilepsy and dementia training. Staff had received training on specialist feeding regimes but there was no competency assessment to assure the provider of their continued competence and it was not clear how this training would be refreshed. This had not impacted on anyone's care and health professionals spoke positively about the care given. We discussed this with the registered manager and provider's representative. They arranged for refresher training and a competency assessment to be completed following the inspection.
- Staff received training across a range of areas which was regularly refreshed such as safeguarding adults, fire safety, Mental Capacity Act and DoLs and moving and positioning people. A staff member said, "We get training on everything here. They are very good with the training." Staff also received regular supervision to discuss their role and development.
- Staff new to health and social care staff received training in line with the Care Certificate, the benchmark for introductory training. They also had a lengthy period of several weeks shadowing experienced staff before they delivered care. The registered manager told us because of the complexity of people's needs they wanted to be sure staff were competent and confident in their roles. New staff told us they had plenty of training and support. One staff member said, "The shadowing was really good to give you time to get to know people. You can always ask for help. The staff team are all amazing and helpful."

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

- People's needs were assessed in line with recognised best practice. Assessments covered areas such as, personal history and preferences, sense and communication, health needs and nutrition and hydration amongst others. Nationally recognised assessment tools for areas such as skin integrity and malnutrition had been recently introduced to help guide staff to assess levels of risk.
- People at the home had been there for several years. Relatives confirmed they had been involved in an assessment of their family member's needs before they went to live at Tanglewood. One relative said, "We were involved in talking about [our family member's] needs before they went to live there and the care plan was completed very quickly." Where appropriate, health or social care professionals were involved to ensure people's individual needs could be met.

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

- People's dietary needs were assessed and supported and possible risks in relation to malnutrition or choking were identified and managed with guidance from health professionals included in their care plan. We observed staff were knowledgeable about this guidance and followed the care plans so that people

received the correct diet. People's weight was monitored to ensure any concerns were promptly identified.

- Staff were knowledgeable about people's food and drink preferences. Where people had particular cultural dietary needs or nutritional requirements this was identified in their care plans, along with guidance for staff to meet these needs. A range of recipes were available to support people's choices and encourage healthy eating. Staff were aware of the need to encourage healthy eating with people through planning menu choices with them.
- We observed the meal time experience and saw people were appropriately supported to eat at their own pace and were correctly positioned, to reduce choking risks. Staff interacted with people as they supported them to encourage a more enjoyable experience. Where people were able to eat independently they were supported with adaptive cutlery. We saw where one person's care plan said they preferred to eat in a quiet room staff observed this.

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

- The environment was warm, homely and adapted to meet people's needs. It was all on one level to support wheelchair access throughout the home. People were encouraged to personalise their rooms with their own items and had been involved in choosing the colour schemes.
- There were two lounges in the home and a conservatory for people to use, which meant where people preferred a quiet space and others were involved in a noisy activity, different preferences could be accommodated. One of the lounges was also used as a sensory space and there was a garden for people to enjoy in the warmer weather.

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

- People were supported to maintain good health. Staff ensured people saw the doctor, dentist or optician when they needed to. In line with the principles of Registering the Right Support people were supported to attend appointments in the community where possible.
- Health care plans identified people's health needs with guidance for staff on how to support them and records of outcomes of appointments with health professionals, so that staff could follow their advice.
- We saw where people's health needs had changed the registered manager had referred them to appropriate health professionals in a timely way to ask for support. Feedback from health professionals about the way staff worked with them was complimentary. One health professional commented on the high standards of epilepsy care and record keeping by the home. They said, "They [staff] have a can-do attitude and communicate clearly and often proactively what might be necessary."
- People had hospital passports detailing their health and communication needs and any other important information to provide emergency staff with important information about them and ensure good communication between services.

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.

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.

- People's rights were protected because staff acted in accordance with the MCA. Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and were aware of the need to assess people's capacity for each separate decision and how they might understand people's nonverbal cues.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and any conditions noted and kept under review.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who demonstrated warmth and kindness and their diverse needs were respected. Throughout the inspection we observed staff interacted with people in a calm and gentle way. They understood how to communicate with people who were unable to verbalise their views and to support them make choices about what they want. Relatives commented that staff were kind and caring. One relative remarked, "The staff are very dedicated and caring." Another relative said, "They [staff] are really great with [my family member] they know their character and have a really good way with them. They are always having a laugh with them."
- Staff knew people well and understood what they enjoyed, how they liked to spend their time and the possible triggers for anxiety or the signs of distress for each person. A health professional commented, "The team seem to provide good quality practical care with sensitivity and consideration of people's individual needs."
- Staff received equality and diversity training and understood the importance of supporting and protecting people's diverse needs. For example, people were supported to practice their faith and to attend religious services and any cultural needs in respect of their diet or personal care were identified and supported. The registered manager was sourcing staff training on how to support people with complex needs with their sexuality.

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

- People were supported to make day to day decisions by staff who understood their non-verbal cues. We observed people receiving one to one support from staff, which allowed them to be listened to and be involved in making decisions about their care. Staff also used pictorial cards to help people express their views. The registered manager had developed regular key worker sessions which were aimed to help explore people's views and needs and support them to make as many decisions as possible for themselves.
- Relatives confirmed they were invited to regular reviews and that they were kept well informed about any changes. One relative commented, "I am very happy with the home, if there are any problems they let me know straight away."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence encouraged. Staff were aware how to protect people's privacy. A staff member said, "We always ask people for consent before we do anything and check they are happy. We knock before we enter a bedroom and always shut curtains or doors when we do personal care."

- Staff understood the importance of keeping people's information confidential.
- Throughout our inspection we observed people were spoke with respectfully and supported to be as independent as possible. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risk.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The home was innovative in the way they helped stimulate people and develop their interests. Since the last inspection staff at the home had worked with people living there to enable them to make greater use of the garden. In consultation with people they had installed planters at wheelchair height, created giant colourful insects from recycled materials such as tyres; and made a water and ball play area from recycled guttering and painted benches. There were photographs of people being supported by staff to enjoy the painting, insects and garden activities. The registered manager explained giant insects had been agreed on as some people at the service had a sensory impairment which reduced the likelihood of them being able to see insects. Checks had been made to ensure the giant insects would not provoke any anxiety.
- Staff had also supported people to make fiddle blankets from recycled materials. We saw people found these comforting and staff said they had reduced the likelihood and frequency of habits of excessive rubbing or scratching of skin or clothes. They also identified benefits for improving people's motor skills. There were tactile boards that had been made by the maintenance person of everyday objects such as light switches, pulleys, bells and phone sets. These were at accessible heights around the home for people to gain familiarity with everyday objects, improve coordination and experience different surfaces and sounds.
- A range of other activities were also used such as sensory sessions which we saw reduced people's anxiety and enhanced their mood. Other activities included arts and craft, karaoke and signing which people joined enthusiastically. People were supported to put on a monthly production or musical adapted by the registered manager. We saw people were involved in making costumes and props as well as performing. Staff told us how all the people at the home enjoyed taking part. The registered manager told us this had increased people's confidence and encouraged good teamwork among the staff group.
- In line with the principles of Registering the Right support the home looked to ensure people had links with the community. Staff were creative in supporting people to attend a range of activities in the community including hydrotherapy, wheel chair dance and ice skating, sensory sessions and cycling. People could attend a disco at a voluntary club if they wished. The registered manager had been invited to present at a local authority forum to share their good practice with other providers. The local authority had commented on their innovation and ability to think outside the box.
- The home had held a Sports Day in the summer to encourage enjoyment of physical activity with others and invited a sister home, families and members of the local community. Photographs evidenced how people enjoyed taking part as they chose. People had also visited the provider's dementia nursing home and attended events there such as a Christmas party. People were supported to maintain links that were important to them and relatives confirmed they were welcome to visit whenever they wished.
- Staff supported people to celebrate their cultural diversity through discussion with families, research and

ideas from the whole staff team. For example, they held Caribbean and Mauritian days celebrating the food and culture of these countries to reflect the cultural diversity at the home and among the staff team. The quality checker local authority report commented, "It is excellent that the staff try to involve tenants in cultural activities...I liked the fact that the residents are supported to do interesting activities and try new things. I also liked the use of everyday objects to make interesting things for the residents, and the fact that residents are involved."

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

- People received highly personalised care which aimed to give them as much choice and control as possible within safe boundaries. The registered manager had introduced one to one time for people to try and increase opportunities for people to participate in their care and understand their options. We saw these were based on person centred planning, empowerment and consideration of people's protected characteristics. The registered manager told us they were working to support staff to change their approach from 'caring for to working with' people through promoting their independence, enabling them to live as full a life as possible.
- Staff at the service worked creatively to increase the involvement with people in their care and support while considering, their complex health needs. People had small measurable and achievable goals that they were working towards supported by staff over sustained periods of time to build on their skills in a positive way. For example, one person collected the post and the letter box had been moved to ensure wheelchair access was possible. Another person helped to empty bins that had been sourced which opened by hand gesture. Another person liked to help staff with call bell checks and another person was being supported to pour their own milk on their breakfast. Staff told us people showed signs of pleasure and satisfaction with their goals.
- People received responsive care which enhanced their quality of life. For one person we saw how responsive the service had been in identifying small signs of change which had resulted in a new health diagnosis. The service had worked with health professionals and the family to consider how best to meet their needs which were holistically reviewed while maintaining their independence and choice, for example, through the use of adaptive cutlery and equipment. They were supported to attend a local place of worship, which staff observed had been a very positive response from their behaviour and reduced their anxiety levels. They were becoming part of the spiritual community. It was evident this had improved this person's well-being and quality of life.
- One person had recently been in hospital and the home had ensured there was a continual staff presence to support them during treatment and help hospital staff understand their needs and behaviours to ensure a positive outcome. Another person had a mural of their favourite musician on their wall, and staff had recorded their music for the person to listen to around the home, through their headphones. Relatives told us they thought the care was personalised to their family member's needs. One relative told us, "[My family member] is so happy there. They have never been happier. They laugh a lot they look healthy and well cared for. They know exactly what is needed. People come first there."
- People had detailed personalised care plans that described their health care and support needs and preferences across all aspects of their care. These were reviewed regularly and included guidelines for staff on how to best support them. There was detailed information about people's, life histories and people that were important to them. This helped staff interact in a more personal and meaningful way. People also benefited from long serving staff who were consistent in their approach knew them very well.

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.

- People's communication needs were assessed and met. People's communication needs were clearly identified and they had very detailed communication passports that explained their needs and preferences. Where people were unable to express their views verbally there was guidance for staff on how to support them and understand nonverbal cues. Information such as staying safe, how to make a complaint, menus and activity planners was available pictorially. Staff also used picture cards and emotion symbols to aid communication where people were able use these to aid their communication.
- People and a number of the staff had been at the service for a number of years and therefore knew people very well and were able to identify small changes in behaviour or mood and understand their nonverbal communication cues.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints. The home had a complaints procedure which was on display in the reception area to provide families and visitors with guidance on how to make a complaint. There was an easy read version available for people to refer to where appropriate.
- Most relatives said they had not needed to complain but knew what to do if they wanted to raise concerns. They told us they felt any complaints would be responded to. One relative said, "The manager is very approachable and she sorts any little issue out very quickly."
- The registered manager kept a record of any complaints received and the action taken in response. We saw where a complaint had been raised in relation to a person's bedroom this had been acted on and resolved in line with the complaints process.

End of life care and support

- People's needs at this stage of their lives had been considered and planned for. Where people and their families had agreed people had an advance care plan that explained their and their families wishes at this time to guide staff. These were personalised and included consideration of peoples protected characteristics for example their religious needs and any particular wishes.
- The registered manager told us they would work with health professionals, families and the people they cared for to ensure their preferences and needs were met at this time should the need arise.

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 remained the same. 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

- Relatives were complimentary about the way the service was run. For example, one relative remarked, "It is a well-managed service. Things run smoothly. Staff morale is very good. Staff respect the manager and the deputy." Another relative, remarked "People definitely come first there." A recent staff survey scored the registered manager very highly throughout. One staff member had commented, "The managers are honest and know what they need to do, I am asked for my views, managers clearly communicates and have a safe space to challenge as well."
- Our observations were that all staff including the registered manager worked together in an open and person-centred way to enhance the quality of life for people at the home. We saw examples of good team work through the inspection with staff across the home supporting people and each other to ensure people's needs were met. Staff confirmed they worked well as a team.
- Staff were positive about the person-centred culture of the home. It was evident there was shared vision of person-centred care, inclusivity and empowering people in line with registering the right support principles. One staff member said, "Tanglewood is a great place to work. Tanglewood has an excellent ethos of support for each individual."
- The registered manager told us as that the staff team had regular discussions on different lifestyles and cultures, this enabled them to be open minded and share life experiences. Staff all contributed to identifying the cultural needs of the people that they supported and promoted people's identity.
- A quality assurance report from the local authority quality checkers in September 2019 commented, "The manager takes the lead in ensuring that the residents are supported to lead an interesting and fulfilling life. She described her thinking as 'what can we do to make a difference?' and this is evident from what we have seen." Quality checkers are people who use services who support and help with the quality monitoring of services by the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager understood their role as a registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service as required. Staff were positive about the registered manager. One staff member said, "She is amazing, so good. So respectful to people and staff and she listens."

- There was visible leadership and management presence at the service. Health professionals and relatives told us they knew the registered manager and who to speak to about the service.
- There was an organisational structure in place and staff understood their roles and responsibilities. Minutes of a staff training session on shift planning evidenced the planning expected by staff to ensure the best outcomes for people's well-being. It included discussion of staff roles and responsibilities and tasks and tools.
- Regular meetings were held, for day and night staff and information shared to ensure there was good communication across the home. Minutes showed there was detailed discussions about each person's needs as well as wider issues about the running of the home. Any new information staff needed to be aware of was discussed and written copies made available in a folder for staff to read and sign to evidence they had done so.
- The registered manager had a good understanding of their responsibilities under the duty of candour and they were open and honest with families when things went wrong. They looked to identify any learning from any incidents or accidents.

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

- As most people were unable to express their views verbally their views about the service were sought through key worker sessions which explored all aspects of their care. Relatives told us their views were sought through an annual survey and we saw the responses were positive. The registered manager told us that any learning or actions needed would be added to the service improvement plan.
- Staff were highly complementary about the registered manager and said they found her very approachable and supportive and had plenty of ideas for improvements. They said their ideas were listened to and their contributions to the home were recognised. The provider had an employee of the month award to recognise particular staff contributions.

Continuous learning and improving care

- The registered manager had an open attitude to learning and had introduced improvements at the home since the last inspection. Staff and relatives were positive about the changes made at the home. There was a home improvement plan which identified goals timescales and responsibilities. This was reviewed regularly. We saw how the home had identified their own learning from a safeguarding investigation concerning another service.
- Regular audits were carried out across aspects of the service such as medicines, health and safety and care plans. An external medicines audit was also conducted to ensure medicines remained safely managed and staff followed best practice. Where audits had identified an issue, we tracked to check this had been addressed.

Working in partnership with others

- Health and social care professionals were positive about the way staff at the service worked with them to ensure people received good quality care.
- The registered manager had been invited to share the work they have done with their activities and to involve people in their care at the local provider forum to support learning for other providers.
- The registered manager was proactive in looking to make links with local community resources to enhance the quality of life for people at the service. They had made links with a voluntary group who support intergenerational projects focused on gardening, horticulture, and arts and crafts.

