

## Downing (Pirbright Road) Limited

# Tall Oaks

### Inspection report

5 Pirbright Road  
Farnborough  
Hampshire  
GU14 7AB

Tel: 01252378459  
Website: [www.downingcare.co.uk](http://www.downingcare.co.uk)

Date of inspection visit:  
05 June 2019  
06 June 2019

Date of publication:  
31 July 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Tall Oaks is a residential care home providing personal care for six people at the time of inspection who were living with a learning disability or/and autism. The service can support up to six people.

### People's experience of using this service:

The service was partially working 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 did not consistently receive a service that was safe, effective, responsive and well led. People did receive a service that was Caring.

Some systems were in place to keep people safe from the risk of harm and abuse, but these needed to improve. People's needs were met by suitable numbers of staff, but the provider used a high level of agency staff which meant not all staff knew people well. People received their medicines as prescribed, however the process of administering medicines could be improved to mitigate risks of medicines errors. People were protected from the risk of infection.

People using the service received planned person-centred care and support that was appropriate and inclusive for them, however this was not always consistent. The service worked closely with other health professionals to ensure people's health needs were met.

People enjoyed a range of activities which they chose to do, however this for some time had not been consistent and people were not able to carry out activities as much as they would like to. People had support plans in place which covered a range of information about them, their life histories, preferences, likes and dislikes and their support needs. These could be improved as some people's care files were more detailed and person centred than others. The provider sought little feedback from people and their families to improve the service.

The manager was new and had recognised that systems and processes to manage the service needed to be improved. They had started to improve this but there were still many improvements needed such as involving people, relatives and staff in the running of the service, and having robust systems in place to monitor the quality of the service. The manager was also in the process of recruiting permanent staff to minimise the use of agency staff used.

People were treated with kindness and respect and staff spoke fondly about them. People's privacy and dignity were respected, and they received personalised care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated good (15 December 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

We have identified breaches in relation to Good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will be seeking an action plan. 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?

The service was not always safe.

See our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

See our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

See our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

See our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

See out well-led findings below.

**Requires Improvement** ●

# Tall Oaks

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Tall Oaks is a care home for up to six people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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. The service had a service manager in place who was planning to register with the CQC.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection:

We spoke with one person who used the service and two- family members. We spoke with the manager, deputy manager, operations manager and three staff members.

We looked at the care records of three people.

We looked at four staff records, including training and recruitment records.

We looked at other records to do with the management of the service.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Each person's medicines were being prepared on a table next to people. We observed one person who was prone to 'grabbing' and 'knocking things' while waiting for their medicines, knocked over a pot which contained their liquid medicine. Tablets were taken to people in the box rather than the required dose only, this meant there was an increased risk of medicines errors, for example, if a person took some from the box, or if some fell on the floor unnoticed. We recommended that the provider review the way staff managed medicines administration to ensure they always reflect current best practice guidance.
- People received their medicines from staff who were trained in medicines administration. Staff however had not received checks to ensure their competency in medicines administration to ensure their practice continues to be safe and could therefore lead to errors and harm to people.
- We noted two gaps in people's medicines administration records (MARS). On looking in to this the manager found one had been signed for on an electronic system but not the paper system, the other was due to the person being out that day. The manager told us she would speak with staff to complete MARS fully so there was less risk of medicines errors.

Assessing risk, safety monitoring and management:

- Environmental risk assessments were carried out, such as electrical and fire safety checks. This was to ensure people were safe in the premises. We noted that gas safety checks were out of date. The provider arranged for this to be done following inspection.
- People had comprehensive risk assessments in place to manage risks, such as the risk of pressure ulcers or risk of choking.
- We noted that, where appropriate, people had a behaviour management plan in place. This is a plan for people who may present with behaviour that may challenge. These plans were detailed and had clear instructions for staff on how to manage and de-escalate potential behaviour that may challenge.
- Not all staff had read people's files to be able to follow risk management plans effectively. We asked the manager to ensure all staff reviewed people's files to ensure staff knew how to keep people safe.

Staffing and recruitment:

- There were sufficient numbers of staff to keep people safe.
- The provider was in the process of recruiting to have consistency of staff rather than using a high number of agency staff.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider's records demonstrated the required recruitment processes were followed.

Systems and processes to safeguard people from the risk of abuse:

- Staff were knowledgeable and had attended training on safeguarding. This informed them about the signs of abuse and what to look out for, and how to report any concerns should they have any.
- Staff felt confident the manager would deal with any safeguarding concerns effectively.
- There were whistleblowing procedures in place for staff to follow should they need to.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to equipment to prevent the spread of infection such as gloves and aprons and we observed staff using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong:

- Incidents were logged and included details of the type of incident, who was involved, and any actions taken.
- Where accidents and incidents happened, the manager reviewed them to identify any trends or if there were any required changes needed. We observed this in practice on inspection due to a medicines error. The staff member completed an incident form and the manager managed discussed this with the staff member and agreed changes to be made to minimise the risk of this happening again, such as preparing medicines away from people.



# 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

Good: 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's care needs were assessed and comprehensive care plans were created which were individual to the person.
- Permanent staff told us care plans contained the information they needed to support people according to their needs and preferences, contained clear instructions and reflected best practice guidance.
- We noted that people's care files could have more detail such as their likes and dislikes, we fed this back to the manager who told us she would be adding to people's care files so they included this.

Staff support: induction, training, skills and experience:

- Relatives were satisfied that their loved ones' care workers were properly trained.
- One relative told us, "The staff seem really well trained and do all they need to."
- Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed the provider's mandatory training, such as manual handling, as well as training specific to people's individual needs, such as epilepsy and behaviour management.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.
- The provider had for some time been using a high number of agency staff. Agency induction was brief which meant agency staff may not receive enough information and guidance to provide care unsupervised to meet people's needs safely and effectively. Agency staff did not carry out all tasks in the home which meant permanent staff were under a lot of pressure at times to complete more tasks, for example medicines administration or taking people out.

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

- Staff ensured people had enough to drink and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for, such as thickened fluids or soft food.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink.
- Staff worked with speech and language therapists and followed recommendations with regards to people's eating and drinking requirements.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked closely with other agencies to maximise the support people received.
- The manager told us they worked in partnership with district nurses, pharmacies, GP's and social workers to meet people's needs, we saw evidence of this in people's care files.
- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs.

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

- The service is a house located in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity a best interest decision was documented involving relevant parties. Discussions and decisions had been documented in people's care files.
- Deprivation of Liberty Safeguards had been applied for where someone's liberty was being deprived. We did note however that one person had not had a Deprivation of Liberty Safeguards applied for. We asked the manager to apply for a one straight away. The manager confirmed this had been done.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "[Loved one] has been living at Tall Oaks many years, I am happy with the care there."
- People had developed caring relationships with their care workers.
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for where possible, however recently this had been inconsistent. For example, if a person was non-verbal, the service had identified how people communicated and for example what certain eye movements or signs or noises meant for them. Staff knew how to communicate with the people they supported and knew them well.

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

- People were involved in their care and support decisions as were their relatives where this was appropriate. We saw details of this in people's care files.
- The provider had not recently asked people or relatives to complete feedback forms. There had not been resident's meetings being held. This meant people and families were limited to how they could feedback or express their views. The manager told us they were planning to send out surveys soon and had verbally asked for feedback from people and relatives and did have an open-door policy for people to speak with them or a member of staff directly should they wish to. The relatives and people we spoke with confirmed they felt able to speak with the manager regarding any feedback but had not done so or felt the need to recently.

Respecting and promoting people's privacy, dignity and independence:

- People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One person told us how staff would support personal care but also encouraged them to do as much for themselves as possible, for example staff would be outside the bathroom to help with whatever the person needed on that day.
- Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "We close doors and curtains and cover people up when giving personal care. We explain what we are doing next."
- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible such as at mealtimes.

## Is the service responsive?

### Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Most people's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive their care and support, we did note however that this was inconsistent and some people's care files could be more detailed in respect of their hobbies and interests or life histories. Some people's care plans stated they would benefit from sensory equipment, such as a bubble machine. The provider had very little in the way of sensory equipment for people with a learning disability. We spoke with the manager who confirmed following inspection that a bubble machine had been ordered. People who may not be able to join in physical activities benefit from sensory equipment to stimulate them, not having such equipment meant that they were not being stimulated in this way.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Where people did not communicate verbally, staff understood people's non-verbal communication such as body language. Staff's understanding had developed over time and people had started to use different ways of communicating. Pictures and symbols were also used, which were tailored to the person's needs. People were shown pictures to make choices such as food or activities.
- The provider supported people to access activities both within the home and in the community. However, we were told by the manager, staff, people and relatives that due to the lack of permanent staff and agency staff not being able to take people out in the community that this had been restricted for some time. This meant that people's independence and choice was restricted to some degree and people were at potential risk of social isolation if this were to worsen or not improve.
- One person told us, "I don't mind the agency staff but I can't go out as much."
- One relative told us, "The staff are great, usually they bring [Loved one] home to visit, they haven't been able to lately due to lack of staff but I still can go in and visit."
- One staff member told us, "There could be more activities but it's hard at the moment with the amount of agency staff we have."

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had not been any complaints since our last inspection, the manager told us this was due to the 'open door' policy so any concerns were dealt with prior to it becoming a complaint.
- People and their relatives told us that they felt able to speak with the registered manager about any concerns they might have.
- People told us they were aware they could complain but had not needed to. One person told us, "I've never had to complain about anything. If I needed to, I know I could talk to the manager or staff and it would be sorted."

End of life care and support:

- The provider was not currently supporting anyone at the end of their life.
- We discussed how the provider would support people at the end of their life should this be needed. They told us how they would liaise with the GP and palliative services.

## 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was no registered manager at the time of inspection, however the manager who recently had started was going to apply to be the registered manager imminently.
- The manager had found that many of the management systems had not been utilised efficiently to deliver high quality care. The manager was in the process of making improvements to this since they started in post. This had impacted on people who if these systems were in place would have improved person-centred care and quality of life.
- The provider did not have effective systems and processes in place to monitor the quality of the service.
- We were told there were some quality checks on care files and other records. However, these were not evidenced and therefore not used to improve the quality of the service. The manager agreed this was something to improve and to learn from. If these had been robust and detailed the areas of improvements found in the key areas of safe, effective and responsive would have been identified and improvements made.
- Spot checks and competency checks were not being carried out by the manager on staff to monitor the quality of the care being given.
- Staff had recently had supervisions and were feeling more supported since the new manager started in post, however until recently no supervisions had been carried out this year to support staff and enable them to discuss concerns or gain support.

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

- People had not had resident's meetings to attend or been given feedback forms to be able to be fully involved in the service. This was something the new manager was putting in place.
- We were told relatives and professionals were asked to give feedback in respect to the quality of the service, the provider was unable to evidence this to us.
- The manager had an "open door" policy and had recently provided team meetings and supervisions to engage with staff and give staff the opportunity to feedback.

The failure to operate effective systems to ensure compliance with Regulations and not seeking and acting on feedback was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility:

- There were not robust management systems in place to promote person-centred care and be able to improve the quality of care and the service.
- There was a good culture within the permanent staff team, however we found staff moral had been low due to the high use of agency staff. Staff fed back that they were feeling pressured as at times they were the only permanent member of care staff on site.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- One relative told us, "[manager] gives me updates, they call if there are any issues with [Loved one]."

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

- People had not had resident's meetings to attend or been given feedback forms to be able to be fully involved in the service. This was something the new manager was putting in place.
- We were told relatives and professionals were asked to give feedback in respect to the quality of the service, the provider was unable to evidence this to us.
- The manager had an "open door" policy and had recently provided team meetings and supervisions to engage with staff and give staff the opportunity to feedback.

Continuous learning and improving care:

- The manager did not have a service improvement plan in place to ensure the overall monitoring and improving of the service was being monitored.
- We did note that the manager had been making improvements and was aware of the areas for service improvement, such as starting to log audits which would feed in to an improvement plan. There was evidence of discussions between the staff team and manager in meetings which logged improvements needed and being made.
- We spoke with the manager regarding lessons learnt from things that go wrong. The manager was new so could not give specific examples but discussed with us how they would make changes as they have in other areas such as improving their supervision process.

Working in partnership with others:

- There was a good working relationship with the local authority.
- The provider worked in partnership with other agencies, such as speech and language therapists, GPs, pharmacies, occupational therapists and specialist healthcare providers to ensure people's needs were being met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have effective systems in place to monitor the quality of the service or seek and act on feedback.