

Caring Homes Healthcare Group Limited

Tall Trees

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Tall Trees is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 61 people in one adapted building. The service supports older people and includes support for people living with dementia.

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

People living at Tall Trees received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. The provider had made significant changes and ensured there were clear processes and procedures to manage all aspects of medicines safely.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The home was well-led by an interim manager who was committed to improving people's quality of life. We received positive feedback about the management of the home from people, relatives, staff and healthcare professionals. The provider and management team had made significant changes to improve people's care. They had developed a more effective quality assurance process. The manager had support from the provider which allowed them better oversight of the service. The service had a clear management and staffing structure in place and staff worked well as a team. Staff worked well with external social and health care professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (Published 7 October 2021) and there were three breaches of regulations in relation to safety, safeguarding service users from abuse and improper treatment and quality assurance systems. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced focused inspection of this service on 26 May 2021. Three breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their management of risks, management of medicines, systems and processes to prevent abuse of service users and quality assurance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tall Trees on our 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Tall Trees

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. 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

Tall Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was no registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service was led by an interim manager who had been in post since the last inspection.

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 and professionals who work with 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report and reviewed the action plan the provider had submitted. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service as well as three relatives. Most people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at six people's care records and four medicine administration records (MAR). We spoke with 10 members of staff including the interim manager, new manager, deputy manager, area operations manager, quality assurance manager, nurses, carers and domestic staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one healthcare professional. We received further feedback from three relatives.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure they assessed the risks to the health and safety of service users receiving care or treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection we found issues around assessing and managing risks. At this inspection, improvements had been made and people's risk assessments and care plans provided staff with information on how to recognise and how to act on potential risks to people. For example, care of percutaneous endoscopic gastrostomy tubes (PEG) included specific risks such as risk of infection, PEG tube erosion, PEG leakage, or PEG tube removal. There was clear guidance for staff on how to minimise those risks.
- We also found risks around oral health had been identified and risk management plans were in place. Records showed people had access to oral care.
- Where people were assessed as 'unable to communicate' as they had difficulty verbalising their feelings, pictorial pain assessment tools were used which took into consideration different ways to identify pain.
- People's risk assessments included areas such as nutrition, mobility and pressure area management. Staff were familiar with and followed people's risk management plans.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection we found issues relating to management of medicines. At this inspection improvements had been made and medicines were managed safely.
- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.

- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish and operate effective systems and processes to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Learning lessons when things go wrong

At our last inspection the provider had failed to establish and operate effective systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls from the last inspection. Records of staff meetings also highlighted where learning and change had been implemented. For example, a falls analysis showed people who had fallen were on medicines that affected people's balance and sleep. The GP reviewed the people's medicines, and this improved sleepiness and balance concerns. As a result falls were significantly reduced.

Staffing and recruitment

- The service had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The manager regularly reviewed staffing levels and adapted them to people's changing needs. The manager told us they were using regular agency staff when needed and that recruitment was on-going.
- People and relatives told us there were enough staff to meet their needs. They told us improvements had been made and always got help when they needed it.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A visiting policy was in place and people had individual visiting risk assessments.

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 requires improvement. At this inspection this key question has now improved to 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
At our last inspection the provider had failed to robustly assess people's needs This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found issues relating to people's needs assessments. At this inspection we found people's needs were assessed before they came to live at Tall Trees. People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- The provider had introduced a nutritional support policy which allowed people's nutritional and hydration needs to be identified at the point of initial assessment. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

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.

At our last inspection the provider had failed to ensure that service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Make best interest decisions for residents. We know people's needs and we assist them to make informed choices."

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

- At the last inspection we found information provided by healthcare professionals was not always incorporated into people's care plans. At this inspection we found improvements had been made and staff worked better with healthcare professionals.
- Where healthcare professionals had made recommendations, these had been included in people's care plans and the related risk assessments updated. People experienced positive outcomes regarding their health and wellbeing.
- The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff as well as review their practice. One member of staff told us, "I feel supported, had supervision last month."
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, training in dementia care 'Living in my world' as well as training at diploma levels for staff who wanted to follow that route.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was

pleasant, and food was well-presented.

- Mealtimes were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "Yes I enjoy the food. Had pancakes brought in for me for breakfast" and "I have options, and hardly finish the meals." Relatives were equally complimentary of the food.

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

- Tall Trees was a purpose-built home which had been decorated to a good standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories. There were several sitting areas around the home as well as a quiet lounge where people could spend their time.
- The signage was dementia friendly and allowed people to orientate themselves around the home and maintain independence. For example, toilet doors had contrasting colours to other doors and had a visible coloured picture on them. The home also had stimulating themed corridors which allowed easy navigation through the floors.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a large garden and several sitting areas.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found there were inadequate auditing systems in place to identify and mitigate some risks relating to the health, welfare and safety of people who lived at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found people living at the home were not protected and supported to be safe as the provider did not have a full oversight of the service. At this inspection we found significant improvements had been made. The home had direct support from the area operations manager and quality manager.
- There was an interim manager who had been in post since just after the last inspection. They were supported by an experienced deputy manager. The provider had also just appointed a new manager who will be registering with CQC. There was a clearer management and staffing structure and staff were aware of their roles and responsibilities.
- The management team were more involved in the day to day running of the service and had the much-needed oversight of the service. They completed regular audits around people's experience and used the outcomes to better people's care.

Continuous learning and improving care

At our last inspection we found the provider had failed to meet their previous action plan. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following the last inspection, the provider had worked through an improvement action plan which had included an overhaul of quality assurance systems and processes as well as the provider's policies.
- The provider's quality assurance systems had significantly improved. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The manager told us their biggest challenge had been to gain staffs' and relatives' trust. They said, "Trust

from staff and relatives was non-existent due to management inconsistencies. Got them to be involved in changes and established open communication and staff are now more receptive. I listen to staff concerns and fully involve them. I can't fix what I don't know is broken so I encourage them to come up with ideas."

Working in partnership with others

At our last inspection we found the service did not always introduce changes suggested by professionals. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- Where changes had been suggested by healthcare professionals, these had been introduced and resulted in improvements in people's care.
- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such to support care provision, service development and joined-up care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was clear the management of the home had significantly improved and there was a general sense of calm and pleasantness in the home. Staff looked happy.
- Relatives were complimentary of the way the home was managed and recognised the improvements since the manager came in post. They told us, "The current manager and deputy are brilliant and very helpful, always providing straightforward answers promptly to queries. Let's hope the new manager is as good" and "I think problem has been they have not had a manager there long enough to manage well, hopefully this has been addressed."
- Staff were complimentary of the support they received from the management team but were also conscious of the inconsistencies in management. Staff said, "It's better and the manager is trying to do her best. But we know she is leaving, and we just would like a more secure management team", "We are more supported by the management team. They are hands on. Manager is approachable, we can raise issues with them" and "We are treated better and have better teamwork. Management is good. Worried about manager leaving again."
- One healthcare professional commented on the management of the home and said, "I am hoping that the service is now well led, however the frequent changes in management have led to some degree of disruption. Hopefully this is now settling, and I believe the deputy manager is hoping to be there long term and I believe there is a new more local manager starting soon with nursing home experience. So, I am hopeful that we are going to see some stability."

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 manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and

had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "Home had made a turn for the better since manager's arrival. Communication is much better and two way."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, feedback around staffing levels had resulted in an international recruitment drive.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.