Downing (Pirbright Road) Limited

Tall Oaks

Inspection report

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Ratings

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

Overall summary

The inspection took place on 21 July 2015 and was unannounced. Tall Oaks provides residential care and accommodation for up to six people with learning disabilities and/or autistic spectrum disorder, physical disabilities or sensory impairment. At the time of our inspection six people were living in the home.

The home was a two storey building, with wide corridors, clutter free rooms and a lift wide enough to accommodate a wheel chair. Ramps provided wheel chair access into the front of the house and the garden at the rear.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were unlawfully restricted within the home, because the registered manager had not applied for Deprivation of Liberty Safeguards where these were required. Records did not demonstrate that the level of

Summary of findings

restriction people experienced was appropriate to protect them from harm. Although staff understood and followed the principles of the Mental Capacity Act 2005, documentation did not demonstrate that the process to support consent to care and decision-making had always been followed.

Records had not always been maintained and updated to reflect people's current care and support needs. Reviews and updates of people's risk assessments and support plans had not been completed as planned. Records of mental capacity assessments and decisions made in people's best interest had not always been documented. There was a risk that people may not be cared for appropriately if staff unused to the home, such as agency staff, were required to support people.

However, effective communication between staff reduced the risk of harm to people caused by poor record keeping, because staff understood people's needs and how to meet these safely. Other risks that may affect the safety of people and others, such as fire safety, were managed effectively to protect people from harm.

People were protected from the risk of abuse. Staff understood and followed guidance to recognise and address safeguarding concerns. Risks that may affect people's or others' safety had been identified, and actions ensured potential hazards were managed to reduce the risk of harm.

People were supported by sufficient staffing levels to meet their identified needs safely. Rosters were managed to ensure suitable numbers of staff were on duty for each shift, and the registered manager provided additional support as required. Robust recruitment procedures ensured suitable staff were appointed. People were involved in the recruitment process, and helped to select the staff who supported them.

People received their prescribed medicines safely. Staff followed training and guidance to ensure medicines were handled and administered safely. Medicines were stored appropriately, and checks ensured prescribed medicines were available as required.

People were supported by staff who had been trained to meet their health and support needs. The registered manager reviewed staff competency when working with staff, and supported staff development through regular supervisory meetings. Staff handovers ensured staff were kept updated on people's changing needs, and understood how to support them effectively on a day to day basis.

People were supported to maintain a nutritious diet. They were involved in menu planning and meal preparation. Risks associated with eating, such as choking, were effectively managed. People's nutritional intake and weight were monitored to ensure people were not at risk of malnutrition or dehydration.

Staff liaised with health professionals to support people's needs and address health issues. When people's health had altered, the registered manager and provider had ensured they received the care and support required to manage their changing needs.

People were supported by staff who understood and followed their preferences and communication methods. Staff treated people with kindness, and promoted people's independence and dignity. Staff were respectful of people's privacy. People and staff laughed together, and appeared to enjoy each other's company.

Reviews and updates of people's support plans and assessments of risks had not always been documented. However, other records documented that staff were responsive to changes in people's needs, and managed risks to protect people from unsafe care or support. People and their representatives were involved in planning and agreeing their care. People were supported to attend a range of activities, and staffing rosters were managed to ensure staff were available to provide support to events at the times people wanted.

Complaints and concerns were managed to the satisfaction of people and their relatives. Effective communication channels ensured staff were responsive to relatives' concerns, and relatives felt involved in their loved one's care.

People, relatives and staff spoke positively about the registered manager, describing them as a person dedicated and determined to ensure people experienced high quality care. Staff lived the provider's values in the way they supported people, ensuring they were empowered to live the lives they wanted. Audits ensured

Summary of findings

areas for improvement were identified, and the provider's operational meetings provided opportunities for managers to share learning and identify appropriate actions to drive high quality care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected against risks associated with their health needs, because staff understood how to support them safely.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address concerns.

People were supported by a sufficient number of skilled staff to meet their identified needs safely. Robust recruitment processes ensured people were supported by suitable staff.

People were protected against the risks associated with medicines, because appropriate checks and records ensured they received their prescribed medicines safely.

Good

Is the service effective?
The service was not always effective.

People were unlawfully restricted, because the requirements of the Deprivation of Liberty Safeguards had not been implemented.

Staff understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People were supported effectively by staff who were trained and skilled to meet their health and support needs.

People were supported to maintain a nutritious diet. Staff worked effectively with health professionals to maintain and support people's health and welfare.

Requires improvement

Is the service caring?
The service was caring.

Staff treated people with kindness and affection.

People's communication methods were understood, and staff listened to and responded to their wishes.

People's dignity was promoted, and staff respected people's privacy when they wished to be alone.

Good

Is the service responsive?
The service was responsive.

Outstanding

Summary of findings

People's support and care was planned with them in response to their individual needs and wishes. People were empowered to make meaningful decisions about how they lived their lives.

People were supported to attend a wide range of activities and encouraged to engage with the local community in the activities they attended. Staff rosters were organised flexibly to accommodate planned events and trips at the times people wished, enabling them to participate in late night events.

People and their representatives were encouraged to share concerns and feedback. Staff used innovative methods to support people to resolve their concerns and worries.

Is the service well-led?

Requires improvement

The service was not always well-led.

Although people received the care and support they required, records had not been accurately maintained and updated to reflect people's changing needs.

Staff delivered care and support in accordance with the provider's values of empowerment and person-centred care.

People were supported by an effective manager who was focused on providing them with high quality care.

Quality audit systems were in place to review and drive improvements to the quality of care people experienced.

Tall Oaks

Detailed findings

Background to this inspection

This inspection, carried out by two inspectors, took place on 21 July 2015 and was unannounced.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. We reviewed information shared with the Care Quality Commission (CQC) by commissioners of care. We had not requested a Provider Information Review (PIR) for this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection some people were unable to tell us about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with one person living at Tall Oaks, and four relatives of four people living in the home to gain their views of people's care. We spoke with the registered manager, the provider, and four support workers.

We reviewed four people's care plans, including daily care records, and six people's medicines administration records (MAR). We looked at three staff recruitment files, and records of staff support and training. We looked at the working staff roster for seven weeks from 1 June to 21 July 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

Our last inspection of this home had been carried out in July 2013. No issues had been identified.

Good

Is the service safe?

Our findings

One person told us "It is safe here, if not I would tell the manager". All the relatives we spoke with told us their loved ones were safe in staff's care. One relative told us "I have real confidence in the staff".

Because all the people at Tall Oaks were currently female, the registered manager only employed female support staff. People were at ease with support workers and the male handyman, requesting help from both roles as appropriate.

Staff we spoke with were aware of the indicators of abuse and how to report concerns. For example, a staff member said "I observe people's overall happiness, their different reactions to different staff members. Everything is accounted for and done by the book". They told us how they had reported a concern to the registered manager about abuse that did not occur in the service. The staff member said "It was acted on and the police were involved. I am absolutely confident the registered manager would act on concerns about abuse".

The registered manager understood and followed safeguarding reporting protocols, including notification of incidents to CQC and the local safeguarding authority. Body maps were completed daily for each person to identify any bruising or marks, and if the cause was not understood, an investigation was completed to identify the cause. The registered manager used hypothetical examples of potential abuse to facilitate staff discussions during team meetings. This ensured staff had a practical understanding of possible signs of abuse, and actions that could be forms of abuse. These measures ensured staff understood the process to identify and report any potential safeguarding incidents, and protected people from the risk of harm.

Staff spoke knowledgeably about people's health conditions, and the risks associated with these. For example, they understood risks associated with each person, such as choking, seizures caused by epilepsy, or required hoist assistance to transfer from her wheelchair to a more comfortable chair. Actions to manage known risks, such as the use of thickened foods and fluids to reduce the risk of choking, and a night-time seizure monitor to alert staff to any seizures this person experienced during the night, reduced the risk of harm to people. Staff had been trained in the use of hoists, and followed the guidance provided to promote people's safe transfer. Although records did not always evidence that risks had been reviewed or updated, staff understanding of people's needs demonstrated that people were supported safely as their needs changed.

Other risks that may affect people's safety were managed effectively. For example, firefighting equipment was serviced regularly, and weekly fire alarm tests were held. Evacuation plans and fire drills ensured people and staff understood the processes to escape safely in the event of an emergency. A 'grab bag' located at reception, containing items such as torches, first aid remedies and emergency contact details, ensured staff were prepared to support people in the event of an emergency. Certificates of safety demonstrated that contractors ensured utilities and equipment, such as the gas boiler and lift, were checked and serviced regularly, in accordance with the manufacturers' guidance. This ensured that people and others were protected from potential harm.

Relatives said there were sufficient staff to meet people's needs, and one person told us staff always responded when they requested support. A staff member said "There are enough staff now. We were struggling to get out of the house with people but we can do that now". They explained that as people's needs had changed more staff had been required, and this had been provided. They said "We are at the optimum level now". The roster demonstrated that required staffing levels had been met, although this had required the registered manager to cover some shifts as an interim measure to cover unplanned short notice staff absence. The registered manager was currently reviewing staffing levels to ensure people's changing and increasing needs were met by sufficient staff levels. She was in the process of recruiting new staff to replace staff planning to leave to pursue studies and career development, and to provide potential for additional cover in event of short notice absence. These measures ensured that people would continue to receive safe support in accordance with their needs.

People were involved in the recruitment process. Staff assessed candidates' demeanour with people during the interview period, and people were included on the interview panel. The registered manager confirmed that people's and staff's views of candidates affected final decision-making about job offers.

Good

Is the service safe?

Recruitment files demonstrated that applicants were selected in accordance with legal requirements. Evidence confirmed that applicants' identity had been verified, and a full employment history, with explanation of the reason for any gaps, documented. Criminal records and evidence of good conduct in previous health and social care placements demonstrated that staff employed were of suitable character to support people safely.

One person said "I am told about my medicines". They understood the conditions their medicines were administered to manage. We observed staff explaining to another person, at their request, what the medicine they were offered was for. They showed them how they knew the medicine was prescribed for them, and how it would support their health needs. Staff listened to people's comments or watched their reactions to ensure people understood and consented to take their medicine.

Staff explained that they could only administer people's medicines once they had satisfactorily completed training. This included an initial assessment of their competency to administer medicines safely, and training refreshment and competency reviews annually. Staff told us this gave them confidence to administer medicines safely. One staff member said "The manager witnessed and watched me five times at least until I was confident enough".

Staff were required to administer people's medicines in pairs. This meant that staff monitored each other to ensure medicines were handled and administered correctly. They followed people's medicines administration records (MARs) to ensure people received their prescribed medicines at the correct time. MARs noted people's known allergies, and any contra-indicators or side effects known for each prescribed medicine. People's support plans and the MARs documented current prescribed medicines, including those used as required (known as PRN medicines), for example to reduce pain or stop seizures. Guidelines ensured staff understood how people indicated their need for PRN medicines, and how to administer these safely.

Medicines were stored safely in a locked cabinet, and disposed of appropriately through the pharmacy as necessary. Senior staff were responsible for monitoring deliveries, and completing weekly stock checks. MARs were reviewed by senior staff daily, and any issues addressed with the individual. These measures ensured people were protected from risks associated with unsafe medicines administration.

Requires improvement

Is the service effective?

Our findings

People were restricted within the home by use of a keypad on the front door. Some people were restrained by the use of bedrails or wheelchair lap belts. One person had been prescribed PRN medicine to protect them should other actions to reduce their anxieties not be effective. The registered manager was aware of the process to apply for Deprivation of Liberty Safeguards (DoLS) to protect people from unauthorised restrictions. She explained the process of assessing people's mental capacity, and where people lacked capacity to consent to specific actions that restricted their freedom, to apply for DoLS from the authorising body. However, she had not yet applied for DoLS for any of the people living at Tall Oaks, although she was aware of the requirement to do so. The restrictions people experienced had not been assessed to ensure they were the least restrictive option to promote their safety, or authorised by an appropriate body.

CQC is required by law to monitor the operation of DoLS, and to report on what we find. DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty where this is a necessity to promote their safety. The DoLS are part of the Mental Capacity Act (MCA) 2005 and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way.

People had been deprived of their liberty without lawful authority. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their legal representatives told us staff followed their wishes and gained their consent to provide the care and support they needed and wanted. The registered manager and staff spoke with understanding of the process of assessing people's capacity to make decisions about their care. They explained the actions taken to support people to make informed decisions about their care and support, and the process to assess people's mental capacity when a best interest decision may be required. Local authority guidance and a copy of the Mental Capacity Act 2005 were available for staff to follow appropriate guidance to support lawful decision-making.

One person explained how staff "Point out risks to me". They told us they were supported with decision-making and choice, but staff respected their decisions. A support worker said "I can't say 'no you cannot do that' but I can try and convince them to do something sensible". Staff explained how they understood people's communication methods, and so were able to understand when people consented to care or indicated their choice. "Verbal people can tell us what they like, with others it is body language. We don't assume, we give options". People's support plans included a communication guide. This supported staff to understand how to promote choice for people. Staff understood the principles of assessing mental capacity in relation to decision making. For example, a staff member said "It is about people's rights and the least restrictive practice. It's about asking people for their decision in the best way that you can until you can get an answer".

Relatives told us there were always experienced staff on duty able to understand and communicate with people, and who could direct newer staff to support people effectively. A support worker explained that new staff worked with senior staff to ensure people were supported safely, and "The manager puts herself on the rota if she sees there is no one senior enough on the rota to monitor the care". The registered manager told us she used this time to review staff skills, and to guide staff in effective ways to support people.

New staff told us of their induction in the home. This consisted of a mix of theoretical and practical learning. They had read people's support plans and the provider's policies and procedures, and shadowed experienced staff to ensure they understood how to support people safely and effectively, as each person wished. They had completed practical training, for example to ensure they could use mobilising equipment such as hoists safely. The registered manager told us they were seeking training from a health professional to ensure they continued to support one person's decreasing mobility safely.

One new support worker told us that they had completed recent mandatory training in their previous job and had brought evidence with them. Additional training ensured new staff had required learning to support people effectively, such as epilepsy training. The registered manager kept records of training new staff had completed previously to ensure mandatory training was completed and in date. Electronic learning was available for new staff without previous training, to ensure they understood how to support people effectively. This training was also used as

Requires improvement

Is the service effective?

an update for experienced staff. The registered manager told us "I observe all new staff" to ensure they have the skills and knowledge to support people effectively, and staff confirmed that this. The registered manager showed us how staff induction would now be following the Skills for Care induction process. This is a nationally recognised qualification. Booklets had been purchased in readiness for new starters. This ensured that the induction process for new staff would be planned, delivered and documented.

Staff stated they felt confident and skilled to deliver people's care and support effectively, and that they were reminded when training required refreshment. Evidence of completed training showed that the provider's mandatory subjects, including safeguarding adults and first aid, had been completed and updated by staff. Additional training important to protect people in the home, such as epilepsy awareness, were also completed. This ensured that they had the skills required to support people's needs.

Staff were supported by the registered manager. They confirmed they had regular individual supervisory meetings, and the registered manager described how this was used to share discussion of staff needs, such as guidance or training, and consider staff aspirations and development. The registered manager told us "It's all about the staff". She described with pride how much she enjoyed supporting staff to achieve their potential. Although supervisory meetings had not been held as regularly as the provider's policy required, the registered manager explained how training had been arranged for senior staff in August 2015 to enable them to deliver these for junior staff. This would bring supervisions "Back in line" with the policy.

Staff meetings and handovers between shifts provided opportunities to share learning and ensure any issues were addressed promptly. This meant staff had the knowledge and skills to support people effectively as their needs changed on a daily basis.

People were supported to plan weekly menus of their choice, and joined in with meal preparation. Meal times were varied to fit in with people's planned activities or wishes, but people chose to dine together, with staff, in the evenings. One person said "We do our own menu planning and we each chose a day's menu. If I don't like it I would say can I have something different and they [staff] would do that". A support worker explained "We use pictures to help non-verbal people choose and they may smile to indicate their choice".

People's nutritional needs and allergies had been identified, and menus were managed to ensure people were not placed at risk. For example, people at risk of choking were provided with pureed meals, and people were weighed monthly, or more often if it had been assessed that they were at risk of malnutrition. Daily records logged people's food and fluid intake. Staff were alert to changes in people's weight or eating habits, and reacted promptly to changes. Liaison with health professionals, such as the speech and language therapist (SALT) indicated that staff sought and followed appropriate guidance to support people's nutritional needs. These measures ensured people's nutritional needs were managed effectively.

Relatives were confident people's health needs were supported, and told us staff informed them of changes to people's needs. The registered manager explained how people's changing health needs had required extensive and demanding liaison with health professionals and commissioners of care to ensure people received appropriate support to meet their needs safely. Documentation evidenced liaison with health professionals including the GP, physiotherapist and epilepsy nurse to manage people's health needs effectively. Regular health checks, for example with the dentist, were documented, indicating that people's wellbeing and health were monitored. Staff worked effectively with health professionals to maintain and support people's health and welfare.

Good

Is the service caring?

Our findings

One person told us "I love the residents and the staff are amazing, caring". Relatives were positive about the care their loved ones experienced. One relative said "I have nothing but praise for [the staff of] Tall Oaks, it's fantastic". Another told us staff communicated with their daughter well, and understood her. They described how their daughter had been supported through a traumatic period, and staff had "Helped them through the process". They felt their daughter thrived in response to the care received from staff, describing her as "Happy, well and settled".

We observed a staff member telling a person "You look fabulous today, I love everything about your outfit". The person was pleased with this response. When she raised a concern about the fit of her clothing, the support worker listened to her concerns, and checked the fit for her. They provided the person with reassurance, and demonstrated that her opinion mattered.

People's rooms were decorated to their personal taste. One person told us they had chosen the colour of their room. Photographs of people were displayed around the home, showing people engaged in activities. Their artwork decorated the walls, indicating that their work was valued and enjoyed by all. Staff spoke with kindness to people. They referred to them as "Our ladies", and were respectful and courteous in conversation with and about people. Staff continually chatted with people, explaining the actions they planned to undertake, and waiting for a response or indicator that they could do this with the person's consent. People and staff laughed together, appearing to take delight in each other's company. A support worker told us "It is a lovely place to work, it's like a big family".

People's support plans described each person's unique personality, and how they communicated their wishes and emotions. For example, it described how people indicated their consent, unhappiness and when they were in pain. Staff understood people's gestures and vocalisations when they were unable to speak. They spoke confidently of each person's preferences and individualised care needs, and used this information to support people as they wished.

People were supported to make choices. A support worker explained "I tell people what I am going to do. I offer choice, for example I get out a choice of clothes and show them until the person indicates they are happy with their choice". We observed a support worker offering choice to a non-verbal person, asking "Do you want to watch TV or listen to the stereo?". They understood how the person indicated their preference, and followed their choice.

People discussed and agreed menu choices on a weekly basis, and minutes from a residents meeting held in May 2015 discussed people's preferences for activities, visitors and trips. During our inspection, people discussed daily actions with staff, and were supported to make changes to their plans in accordance with their wishes. One person had a broken piece of IT equipment which upset her. The registered manager suggested changes to her planned activity to enable the person to purchase a replacement. In the meantime, the registered manager provided the person with equipment from the staff office to ensure she could continue with an activity she was enjoying. Staff understood what was important to people, and supported them to achieve this.

Staff encouraged people's independence. For one person, call bells ensured she could request staff assistance when she wished. They were positioned in areas of the person's room where she required assistance. This promoted the person's independence to undertake the actions she was able to without assistance, but provided the reassurance of support when it was required. People were supported to access all areas of the home, and they appeared to trust staff to support them safely. When a hoist was used to transfer one person, she was relaxed in the staff's care. Another person with sensory impairment was guided around the home as she wished, and smiled contently as staff supported her.

All the relatives we spoke with confirmed staff treated their loved ones respectfully, and promoted their dignity. During our inspection, staff always knocked on doors before entering. When taking us into people's rooms, staff first asked the individual if they would mind us having a look, and waited for their response. People were thanked if they allowed us into their rooms. One person confirmed that they could "Close my door if I want to be alone", and staff respected her privacy.

Outstanding ☆

Is the service responsive?

Our findings

Relatives told us staff understood people's needs and communication methods. One person said "Staff are willing to take everyone out on trips and stuff. They ask our opinions and I can just say I don't like something and they will change it".

Staff had an excellent understanding of people's preferences and support needs. They knew what people liked, and sought to support them as they wished, to do the things that were important to them. Staff ensured people were involved in decision-making to promote their wishes and support them to experience an exceptional quality of life. While they supported one person, staff chatted with her, offering activity options until she indicated her choice. Staff understood the vocalisations and gestures this person used to indicate her preference. This ensured that this person was always supported to undertake an activity she chose and enjoyed.

Quarterly residents meetings supported people to agree activities and trips as a group. Staff told us people were usually supported to attend events in small groups of two or three, but some events, such as music festivals, were enjoyed by all people and staff together. Minutes from a residents meeting in May 2015 documented the choices people had chosen, such as animal and musical entertainment visits, pampering sessions and trips to the cinema. Staff had located cinema showings for people with autism, to ensure people would feel comfortable at the cinema. People were encouraged and supported to access the local community. Staff had an excellent understanding of people's individual activity preferences, and provided person-centred support to enable each person to pursue their interests. They supported people to attend local events, such as music festivals and clubs, that met their preferences, either individually or in groups.

People's support plans documented people's cultural and spiritual preferences, as well as their likes and dislikes. They reflected people's social circles, noting those important to them, such as friends and family. Staff recognised people's emotional responses to activities and stimuli, such as music, and were motivated to consider actions they could implement to develop these interests. Cultural influences such as musical entertainment that people appeared to prefer were being explored by staff. This meant that people were supported to embrace their individualism. Staff understood people's personal and health needs, and supported them safely in accordance with guidance from health professionals. As one person's health had changed, the registered manager explained how her room had been redecorated to ensure required equipment could be used safely.

People and their familes were involved in reviewing their care and support needs. One person was working with her keyworker to review and update her support plan at the time of our inspection. She told us "[Staff] know me. Sometimes I get confused and I don't understand so it has to be repeated". The support worker explained how they discussed each topic of care and support with this person, to ensure the report described how she wished to be supported. Their understanding of the person supported meant this person received highly personalised care that reflected her individual wishes.

Another person's support plan had been written in conjunction with her parents. It included detailed photographs to guide staff on how to use equipment essential to this person's health. The registered manager told us this family were "Instrumental" in developing and reviewing this person's support plan. She explained how annual meetings were arranged to review and update people's support plans with them and their families. She described communication with families as good, and relatives we spoke with confirmed this. They told us they were able to visit whenever they wished, and they were kept informed of changes in people's needs or health.

Staff told us shift handovers ensured they were always kept up to date with any changes in people's health, mood or planned activities. Named staff were allocated to support people requiring individual support, and tasks such as cleaning were the responsibility of a named staff member. This ensured that staff understood their workload, and people received dedicated support in accordance with their plan of care.

Daily records demonstrated that staff were aware of health conditions that required monitoring, and documented information relevant to people's health and wellbeing, such as seizure logs. This provided a record for the GP and epilepsy nurse to consider whether prescribed medicines controlled people's epilepsy effectively. Staff followed

Is the service responsive?

guidance from the SALT to ensure a person at risk of choking was positioned safely when eating or drinking, and given thickened drinks and pureed meals to reduce the risk of harm.

People's support plans included health professional guidance. Risks had been identified and actions to manage or address these risks ensured people were supported safely, although information had not always been dated. Although people's support plans and risk assessments did not document evidence of regular review, a monthly report showed evidence of regular review of specific aspects of people's care, such as medicine administration, accidents and incidents, health reviews and activity attendance and enjoyment. This demonstrated that people's care and support was reviewed and evaluated regularly.

Hospital passports had been updated for people who had recently been admitted to hospital, or whose health meant they were at risk of requiring hospitalisation. These listed people's health needs and risks, known allergies and prescribed medicines, as well as information to support hospital staff to communicate effectively and understand how people indicated their consent or refusal. A support worker told us that one person had required an extended stay in hospital earlier in 2015. Staffing levels had been managed to ensure a support worker spent each day with her to ensure she was supported and informed of all planned treatment. They had ensured that this person was supported to make informed decisions about her care, and was reassured by the presence of staff she knew and trusted. Staff understood and implemented actions to promote each person's wellbeing.

Relatives were aware of the range of activities people participated in, and most felt this was sufficient to give them an active social experience, although one relative would have liked their daughter to participate in more activities outside the home. One relative told us their daughter had "An active social life", and another explained how staff used a set routine and activity planner in a person's room to support her need for structure. Staff understood how important routine was for this person, and managed this to her satisfaction. People were encouraged to join in with household activities, such as hanging out the laundry, and preparing meals. A raised vegetable plot allowed people to grow their own food, and a barbeque and seating in the garden encouraged people to join in social activities in the home.

Staffing was arranged flexibly to ensure people could attend their planned activities. One support worker stated "It's a very active house". On the day of our inspection several people attended clubs in the morning and afternoon. People's support plans and activity planners reflected the wide range of activities they participated in, including music therapy, shopping, music clubs and swimming. People enjoyed staying out late at night, and staff shifts were arranged flexibly to accommodate this.

Staff demonstrated that they valued and supported people's preferred activities. Staff shared the interests of those they supported, and could be heard singing along happily with people's preferred songs and musical dvds. Staff had identified local activities that supported people's preferences, such as a musical singalong event.

One person explained how a complaint she had made was dealt with promptly by senior staff. Relatives told us they had not had reason to raise complaints, but understood the process to do so should the need arise. They described the registered manager and staff as responsive to comments, and were satisfied that issues were dealt with appropriately when raised.

Staff explained how people were supported to manage topics that upset them through discussion and actions to address their concerns and worries. They had considered actions appropriate for each individual to resolve issues and concerns. For example, one person had been supported to write a letter to someone who had upset her to explain her wishes to deal with this, and another was being supported through drama therapy to deal with a historical incident. Staff understood the long term impact unresolved concerns could have on people's mental health, and proactively supported people to find closure to incidents that upset them. People were encouraged to share their concerns, and staff understood how to support people to address these in a meaningful way to resolve people's worries. Innovative support provided people with the means to confront and address longstanding issues to promote their wellbeing.

Relatives told us staff communicated effectively with them, and kept them informed of changes and events. They described staff as friendly and welcoming, and forthcoming to requests for discussion of specific concerns. One relative said "They listen to me, and act on that".

Outstanding ☆

Is the service responsive?

The last formal complaint had been logged in November 2014. The registered manager explained the circumstances behind this complaint. A response had been provided to the complainant in accordance with the provider's complaints procedure, and the cause of the complaint had been satisfactorily addressed. Actions had been taken subsequently to reduce the risk of the cause re-occurring. One relative told us any minor concerns were "Dealt with swiftly". The registered manager encouraged regular meetings with relatives to resolve any issues before they escalated. They used a range of contact methods, including email, telephone and social occasions, to promote communication between staff and relatives. Staff responded appropriately to ensure concerns raised by people or their representatives were resolved to the satisfaction of the complainant.

Requires improvement

Is the service well-led?

Our findings

Records had not always been maintained accurately or updated to reflect people's changing needs. For example, risk assessment documents had not always been updated promptly to reflect people's current needs. Some people's health had deteriorated during the past months, and this was not always reflected in their support plans. One person had swallowing difficulties and had been rated at moderate risk of choking in February 2015. Although appointments with the GP since this date indicated increasing difficulties with swallowing, her risk assessment for choking had not been reviewed or updated, and stated it did not require review until November 2015. Support plans did not evidence that dates of planned reviews had always been met. Although staff were knowledgeable about people's changing care and support needs, there was a potential risk that new or agency staff may not support people with the care and support they required to keep them safe from harm.

Where people lacked the capacity to make a specific decision about their care, the process of best interest decision-making had not always been documented even though staff had confirmed this had taken place. One support plan contained evidence of a best interest decision made to support one person's nutritional needs, but the process of mental capacity assessment was not documented. Other support plans referred to people's lack of capacity to make decisions about health needs, but were not specific to any single decision. Although staff understood the process to support people with their consent, or the requirement to assess their capacity and make a decision made in the person's best interest as necessary, records did not always demonstrate that this process had been followed. There was a risk that decisions could be made on a person's behalf unlawfully.

The provider had not ensured that people's changing needs and identified risks were recorded accurately. Decisions taken in relation to people's care and support had not been recorded accurately or completely. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One support worker showed us processes they were working on to update one person's support plan and risk assessments, and anticipated completing "Within the next week" to ensure records were up to date. Notes in people's support plans indicated that the registered manager had identified the requirement to update these records. Although risk assessments did not always reflect the most current guidance to address changing risks, people were protected from the risk of harm, because staff followed current verbal guidance to manage people's identified and changing risks. Effective staff communication and a settled staff team, led by experienced staff who understood people's needs, ensured people were protected from risks that could affect their health or wellbeing.

One relative explained how the registered manager emphasised people's choice and autonomy over their lives, and ensured people were supported to live the lives they wanted. A support worker confirmed "The registered manager says it is about providing good quality care, offering choice. It's all about the clients, making them happy and meeting their needs". This reflected the provider's values to support people to meet their hopes and dreams as well as their needs.

The provider's mission statement noted staff teams would be developed through training, motivation and direction to meet people's needs. The registered manager described her staff team as "Dedicated", and told us "I like to see staff develop and grow". She was committed to supporting staff to ensure people were cared for effectively.

We observed the provider's values of consultation, communication, and valuing people's diversity demonstrated by staff when supporting people, and documented in their support plans. Relatives were involved in people's care. A relative taught about a condition one person lived with. They had been invited to speak to staff to develop their understanding of this condition. This demonstrated that their knowledge was valued and utilised. People were informed and supported to develop their independence and empower them to make decisions, in accordance with the provider's values. For example, guides on holiday destinations helped people to prepare for trips away, and plan activities they wished to participate in when away.

Feedback about the registered manager was full of praise. One person said "The manager chats to us. She runs the service well and goes out of her way for anything". Relatives trusted her judgement, and were reassured about their daughters' care in the registered manager's hands. Comments included "A very very good manager", "Very supportive of residents and relatives", "Responsive", "A

Requires improvement

Is the service well-led?

breath of fresh air", and "They [the provider] are lucky to have her". Staff were also positive about the abilities of the registered manager. One support worker told us "I think the manager does a really good job, she is such a hands on manager and very client focused", and another said "The manager is brilliant and will fight for the clients. She won't leave it until she has got what they need and she is very hands on".

Staff told us "The manager is very open and transparent, good at keeping us in the loop". Monthly staff meetings provided a forum for discussion to drive staff support and learning. Meeting minutes demonstrated that areas of improvement identified had usually been addressed. For example, issues had been identified regarding areas of untidiness in the home, and staff taking smoking breaks together. At the time of our inspection, we found all areas of the home to be tidy, and staff only took smoking breaks singly.

Senior staff were supported with a dedicated monthly 'seniors' day, when they discussed managerial issues and were allocated tasks to drive improvements. Training had been arranged in August 2015 for seniors to be trained to deliver staff supervisions. This meant the registered manager would have more time to address other managerial tasks including reviewing and updating risk assessments, and completing DoLS applications.

The registered manager explained how she reviewed records such as body maps and accident reports to consider any trends that may affect people's safety or care. She carried out an investigation into any cause for concern, such as unwitnessed bruising, to ensure people were not at risk of harm. Learning was shared with staff to drive improvements to the care and support people experienced.

The registered manager told us she was well supported by the provider and his team, who were "Available at the end of the phone". The provider visited the home on a weekly basis, and knew people and staff by name. They described the registered manager as "Determined to get what's right for people".

The provider held operations meetings every six weeks. All the registered managers of the homes they ran came together, with operational managers, to discuss issues and share information, such as updates on recruitment, review health and safety issues, or discuss health matters affecting people and how best to support them. This ensured learning was shared, and supported the registered managers to develop their services and drive improvements.

The provider currently conducted a quarterly audit visit at Tall Oaks. During these visits they spoke with people, their visitors and staff, reviewed people's care plans, and inspected the cleanliness of the home. We reviewed audits conducted in January and April 2015. These evidenced that concerns identified had been addressed. For example, staffing levels had been increased to meet people's changing needs, and a request for a new piece of bathroom furniture had been sorted. The registered manager explained that managers would be auditing each other's homes from August 2015 on a monthly basis. The audit process was being aligned to reflect the changes in the Regulations, to ensure that people were supported in accordance with legal requirements.

The registered manager conducted ad hoc visits to Tall Oaks out of hours, including at night and weekends. This reassured her that staff followed the provider's policies and procedures at all times, and people were protected from poor or inappropriate care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People were not protected from potential harm, because records were not maintained accurately or completely to reflect the care or treatment each person required. Regulation17 (2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People had been deprived of their liberty for the purpose of receiving care without lawful authority. Regulation 13 (5)(7)(b)