

# Runwood Homes Limited

## Tallis House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Tallis House is a residential care home providing accommodation and personal care for up to 101 people some of whom are living with dementia. At the time of our inspection 86 people were resident at the service.

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

Staff treated people with kindness, dignity and respect and spoke with people in a friendly manner. We observed positive and friendly interactions between staff and people throughout the inspection. People we spoke with were happy at the service. One said, "It is fantastic here, staff are brilliant."

People told us they felt safe living at Tallis House. Risks to people's safety were identified, and risk assessments were in place to mitigate these risks. People received their prescribed medicines by trained and competent staff. Staffing levels in the service were appropriate to meet people's needs. Staff members did not start to work until satisfactory employment checks had been completed. Accidents and incidents were fully investigated, and lessons learned were discussed with staff.

Staff received appropriate induction, training and supervision to provide safe and effective care. The registered manager worked in partnership with other organisations to support people's needs.

Care plans were person centred and included guidance for staff in how people wanted to be supported. A range of activities were available for people to take part in. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

People and relatives were complimentary of the staff team and the approach of the registered manager and felt the service was well managed. Staff said they felt supported and found the management team to be very approachable. The registered manager with the assistance of the management team, ensured audits and checks were completed regularly to ensure the safety and quality of people's care.

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

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 and update: The last rating for this service was requires improvement (published 07 June 2019) and there were two breaches of regulation. 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 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 overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Tallis House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 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

Tallis House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and 12 relatives about their experience of the care provided.

We spoke with eleven members of staff including the regional manager and registered manager. We spoke with two professionals who visit the service regularly. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included six people's care plans and numerous medication records. We looked at records relating to systems for monitoring quality.

What we did after the inspection

Following the inspection, the registered manager provided us with additional information related to training.

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

At our last inspection people were not always safeguarded from the risk of abuse. This was a breach of regulation 13 HSCA RA Regulations 2014 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe, if I did not, I would ask my son to take me home." Another person said, "I feel very safe and the staff understand exactly what I need."
- A relative told us, "We feel [family member] is really safe at this home, they wouldn't have lasted so long if it wasn't for their care and being looked after so well." Another relative said, "[Family member] is safer in here as they had so many falls at home and they bend over backwards to help [family member] here. They love it here, [family member] has dementia now but seems happy here and feels safe."
- The registered manager had introduced a robust system to ensure safeguarding concerns were reported, investigated and analysed for lessons learned to minimise the risk of reoccurrence.
- Staff understood the process to follow if there were any concerns. One staff member told us, "We report all concerns to the managers and if I was still concerned, I would go to the local authority."

Assessing risk, safety monitoring and management

- The service had improved care plans considerably since the previous inspection. Risk assessments were in place that were specific to people's needs such as for falls, mobility, skin integrity and behaviour management. When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. For example, one care plan had information about how staff should respond if a person became distressed and agitated. It recorded, "Has a virtual grey and white cat which staff should make sure is with [person] to calm them."
- Staff we spoke with had a good knowledge of people's current needs and any associated risks. One staff member told us, "We know all the residents with risk, there are sensor mats, bed rails. No lounge is left unattended ever."
- Premises and equipment were regularly examined and checked to ensure they were safe and suitable for use.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people using the service. Staff were available when called, but also sensitively anticipated people's needs. We carried out observations in four lounges and staff

were attentive and visible during all observations.

- One person told us, "When I call them, they come quickly. They are very reliable." Another person said, "The staff do come whenever I need them."
- Staff told us there was enough staff available. One staff member told us, "There is enough staff and we always try and keep enough on the floors. We work really well as a team and all pull together."
- Recruitment processes were robust. All the necessary background checks and vetting of any new applicants were completed.

#### Using medicines safely

- Medicines were managed safely. Senior staff checked medicines administration records for other floors following the medicine administration rounds. This helped to pick up any errors quickly.
- Medicines were kept in a locked room and daily checks of storage temperatures were recorded.
- There were protocols in place for administering 'as required' medicines.
- Staff competency to administer medicines was checked at regular intervals. One person told us, "Staff are very good with my medicine, I know they must be trained."

#### Preventing and controlling infection

- The service had recently had an infection control assurance visit carried out by CQC in February 2021. It identified we were assured people were being safely protected by the prevention of and management of infection control. At this inspection we continued to be assured in this area.
- Relatives we spoke with told us they were now safely visiting the service. One relative said, "You book in and do your test before they'll let you in and all the staff wear their PPE. They went on to say 'We can see [family member] ok, [family member] has their phone and iPad, if anything does crop up they always give me a ring and let me know what's happening and they normally answer the phone straight way, plus they responded really well to any issues we've had.'"

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- 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.

#### Learning lessons when things go wrong



- The registered manager had introduced a system of lessons learned which recorded the actions that had been taken following each accident and incident and what lessons had been learnt to prevent reoccurrence. Staff confirmed they were included in this process.

# 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

- People's needs were assessed, and care, treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Senior staff regularly reviewed care plans to make sure care was reflective of current need.

Staff support: induction, training, skills and experience

We made a recommendation at the last inspection about staff training in relation to supporting people living with dementia that might display challenging behaviour. Improvements had been made.

- There was an extensive list of staff mandatory training and additional training. Additional training included training specific to meet people's needs such as dementia training and leadership in dementia, diabetes and dysphasia. Training courses also included creating champions in areas such as dementia, dignity and infection control. A professional told us they delivered training for care staff in the services and staff were very attentive during the sessions.
- Staff were positive about the training they received. One staff member said, "Training was good we had both in house and online training."
- Staff received supervision of their practice and team meetings were held to provide staff the opportunity to highlight areas where support was needed and were encouraged to bring ideas about how the service could improve.

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

- We observed the meal experience for people and could see it was a relaxed and sociable occasion. Where appropriate people were shown both choices for lunch. Staff encouraged and supported people to eat.
- People told us they enjoyed the food. One person told us, "Food is lovely, roast today. We always get a choice." Another person said, "Food is not too bad, they do their best."
- We did receive some mixed feedback from relatives in relation to the food. One said, "The food is the highlight of their days so it important to get it right, but the food is dull." During the inspection we had spoken with the Chef who told us they had been trying different food choices with people and obtaining their feedback before incorporating the meal choice onto the main menu."

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

- Staff worked effectively with other organisations such as the district nursing team and followed any advice given. A relative told us, "[Family member] had the carers take them to the dentists as they had teeth problems, they also do that for their health visits, I have no faults with this home that I can think of."
- One professional said, "Every week the service has multidisciplinary team meetings (MDT) with the GP, pharmacists and mental health team. This will focus on different residents, but everyone is reviewed. During the meeting we may make referrals to other professionals or change medication. All new residents are reviewed on the weekly MDT meeting. Working with the service and the community teams has reduced both falls and resident's unnecessary admission to hospital."

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

- Peoples bedrooms were comfortable and had been personalised with items of importance to the individual. One person told us, "I love my room and have everything I need."
- There was good signage to help orientate people and promote their independence.

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified people were being deprived of their liberty.
- Throughout our inspection we observed staff supporting people to make day to day decisions about their care and treatment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed and supportive atmosphere during the inspection. We observed staff providing support in a caring manner. When people became upset or confused, we saw staff attended to them quickly, and could reassure them.
- One person told us, "Staff are really nice and very kind." As we were talking a staff member passed by and the person said, "That one is really lovely."
- Relatives we spoke with were also positive about the staff and the care people received. One relative told us, "They [staff] are brilliant, they go the extra mile for her and if [family member] wasn't happy they would know from [family member]." Another relative said, "The carers I can't fault them, they allow me to take my dog in which they all love, they help [family member] do face time with me too which was important."

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

- Care plans confirmed people and their representatives were involved in the care planning and this was reviewed regularly.
- Regular meetings were held so people could express their views about menus, activities and how they spent their time in the service.
- Staff supported people to make choices about how they spent their day. One person said, "I was on the middle floor but did not like it. I moved and it is much better here. I can do what I want really, and they always ask me about things first."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence was considered by staff. One person told us, "They are very respectful of my dignity, and they always close the door."
- People's independence was encouraged, and care plans recorded what people were able to achieve and what support they may need. For example, one care plan recorded, "[Person} brushes their teeth morning and evening – independently but staff to prepare toothbrush."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them.
- An introduction to the person was followed by their life history and background which was used for future planning for people.
- One person supported staff by answering the phone and doing some paper shredding. Three others supported the maintenance team by putting deliveries away, and one person who had previously been a Chef helped in the kitchen. The registered manager also told us one person was delivering tai chi sessions for other people that used the service and staff every week.
- People were supported and encouraged to take part in activities they enjoyed. One person told us, "They have just brought me some word searches, we have quizzes bingo and films on the mega screen, there is plenty to do."
- Throughout our inspection we observed a variety of activities available for people in different areas. In one lounge people were doing word searches and two people were sitting on a sofa working on this together. One said, "I am really enjoying myself here today." Other activities included people dancing with staff to music and others singing along."
- Relatives told us staff were responsive to people's needs. One relative told us, "I know they are doing a good job; I feel like I'm happier [family member] is being looked after so well. It's a good outcome for us and they are brilliant at supporting me too and since [family member] has been here [family member] has got their sparkle back."

### Meeting people's communication needs

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

- People's communication needs were clearly identified in their care plans.
- Staff communicated with people according to their individual needs and gave people time to process any information and respond. Menus were available in the dining rooms. However, care staff were able to show people plated meals so they could choose food they preferred.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy.
- A robust complaints system was in place.
- Complaints were logged and included the action taken.

#### End of life care and support

- The service supported people's preferences at the end of their life. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes for resuscitation in the event of a cardiac arrest.
- The service spoke with people and relatives about end of life wishes and recorded people's choices in their care plans.
- Staff worked closely with other professionals such as district nurses to ensure people had a dignified and pain free death. A professional told us, "There are monthly Gold Standard meetings – this includes residents from the home and from the community. We discuss care needs and links with social workers, the mental health team and the hospice to provide any additional assistance for people at the end of their life."

# 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 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.

At our last inspection monitoring and audit systems were not effective in highlighting issues found within the report. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of these regulations.

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

- The registered manager completed a range of audits to monitor quality and safety, this ensured they had good oversight of the service. Senior staff told us they had previously had numerous audits to complete some of which the registered manager has taken back. The Deputy manager said, "I have learnt so much from this manager and now we have time to really assess what is happening on the floor."
- The provider also carried out compliance checks once a month which were unannounced visits. This included checking the registered managers audits, looking at safeguarding, accident and incidents, how these are recorded, and the actions taken. They will speak to people that use the service, relatives and staff to gain their feedback.
- The service had submitted appropriate notifications to CQC as required.

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

- People and relatives spoke positively about the registered manager, the management team and the culture in the service. Comments from relatives included, "The management are easy to get hold of and reply to any questions quickly. I feel I can ask them anything and they would help me", "They've been very supportive and give me regular updates on [family members] progress, they phone me each day to explain how [family member] doing, they have provided physiotherapy for them and they all seem very caring" and, "I must admit the improvement in [family member] is great they are recovering from an illness and have come on so well since they have been in there and are walking again."
- Staff felt supported by the manager. One member of staff told us, "It is such a lovely atmosphere here, the management are brilliant, and we all work as a team." Another staff member said, "Could not ask for better or a more supportive management team."
- Throughout our inspection the registered manager, the management team and the regional manager were visible to people that used the service and staff. It was clear from people's responses that this was a familiar occurrence.

- The registered manager understood the duty of candour. Incidents were investigated, and people and relatives were fully involved and informed of outcomes.

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

- The registered manager told us the service had sent out an annual questionnaire for relatives to complete as one of the mechanisms used to collate feedback. However, this was still being analysed by the provider.
- Regular meetings were held for people that used the service and staff. Discussions showed suggestions could be put forward and people were updated about the running of the service.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with other professionals to look at how people's care could be improved. One professional told us, "Tallis House is a good home. The registered manager and staff are receptive to advice and follow instructions."
- There was continuous learning to improve care. A professional told us that Tallis House were very responsive to any training they were offering and on the day of inspection they had booked three different sessions that included pressure area care, continence and catheter care and hydration.