Speciality Care (REIT Homes) Limited

Tall Oaks Care Home

Inspection report

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Ratings

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

Overall summary

We inspected Tall Oaks Care Home on 28 January 2015. The provider is registered to provide accommodation, personal and nursing care for up to 49 older people. This includes care for people with physical needs and dementia care needs. At the time of our inspection, 47 people used the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

At our last inspection of the service on 2 July 2014, we were concerned about how people were respected and involved in their care, how people were safeguarded from abuse, staffing levels, how the provider assessed and monitored the quality of the service provider and how record keeping concerns. We asked the provider to send

Summary of findings

us an action plan outlining how they would make improvements. During this inspection, we found that improvements had been made in all the areas we were concerned about.

People were protected from the risks of abuse because staff understood what constituted abuse and took action when people were at risk of abuse. There were appropriate numbers of staff employed to meet people's needs. People's care needs was planned and reviewed regularly to meet their needs. Their care records reflected the care they received.

People were cared for by staff that had the knowledge and skills required to care and support them. Staff had regular training, and were supported to have additional training which was specific to their roles and responsibilities.

Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. This meant that people's liberties not restricted inappropriately. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interest.

People told us they liked the food and were supported to eat and drink. We saw that a variety of food and drink were offered during meals and throughout the day. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were cared for and supported by staff who knew them. People told us the staff were kind and treated them with dignity and respect. Peoples care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported and people were involved in the care planning process and in decisions about their care and treatment.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. The registered manager had a hands-on management style and people told us that they were accessible and approachable. They were encouraged and supported to provide feedback on the service. The provider had effective systems in place to review the quality of the service provided.

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 not always safe.

People did not always People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how care should be provided. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely. We have made a recommendation about the management of some medicines.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by staff who understood their care needs and knew how to meet these needs. Staff obtained consent before care was provided. Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. This ensured that people's liberties restricted inappropriately. There were management plans when people presented with behaviours that challenged. A variety of food and drink was available and people were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's need, likes and dislikes and provided care in line with people's wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good

Is the service responsive?
The service was responsive.

People's care plans were person centred and their individual needs were met in a timely manner. People were supported to raise complaints. The provider responded effectively to people's complaints about the service.

Good

Is the service well-led?
The service was well-led.

The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The provider had effective systems in place to monitor the quality of the service provided. The registered manager was available and people told us they were approachable.

Good

Tall Oaks Care Home

Detailed findings

Background to this inspection

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 was 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.

This inspection took place on 28 January 2015 and was unannounced. Two inspectors and an expert by experience undertook the inspection. The expert by experience had personal experience of using or caring for someone who used this type of care service.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

We asked the provider to complete a Provider Information Return (PIR). This 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We observed how general care was provided. 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 carried out a lunchtime observation to see how people were supported during meals in order to help us understand people's mealtime experiences.

We spoke with nine people who used the service, five relatives, eight staff members, the registered manager and the regional manager for the service.

We looked at six people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

In the last inspection the provider was had been in breach of Regulations 4, 7, 13 and 20 of the Health and Social Care Act 2008. We saw that people were at risk of harm because their welfare was not maintained at all times. Appropriate action was not always taken when abuse was suspected. The provider did not have adequate numbers of staff to provide safe care, and people's care records did not always reflect the care they received. During this inspection; we saw that improvements had been for all the concerns identified in the previous inspection.

One person had been prescribed medicines to be administered on as 'as required' or occasional basis (PRN). We checked to see if the medicines were being administered appropriately because we had received concerns relating to the management of the person's PRN medicines, prior to the inspection. We saw the person's medicines had been reviewed by the GP and discussed with the community nurse who had also been involved with the person's care and treatment. However, we saw that there were no clear instructions for the administration of this medicine to ensure staff were administering it consistently and to meet the person's needs. We discussed this with the management for their action.

We checked the quantities of three medicines against the records available and found that the systems were usually correct when the medicines were supplied in the monitored dosage system. However, we saw that some quantities of medicines checked did not meet the quantities we expected to see based upon the records. We discussed this with the management of the home for their actions.

People told us that they received their medicines as prescribed and we saw that people were supported to have their medicines safely. We saw that staff explained to people what their medicines were for and ensured that the medicines were taken before they left the person. This ensured that staff had witnessed the medicine being taken safely.

People who used the service told us they felt safe and protected from harm. They told us they would not hesitate to raise concerns if they were unhappy about how they or other people were being treated. A relative said, "He'll [Person's name] will soon tell us if they were not happy with anything; he'll tell them [staff]". A staff member told us they had raised concerns about one person's behaviour towards another person and this had been addressed. Staff had received training in recognising and understanding what constituted abuse and were able to give us examples of these. They were also able to tell us what actions they would take if they suspected abuse.

We saw that the provider had displayed information and contact numbers at the main entrance of the building, of various agencies and people to be contacted if people had safeguarding concerns. This helped ensure that people who used the service and staff had the necessary knowledge and information to raise concerns about safeguarding in order to protect people from abuse. The registered manager kept a log of incidents that had been reported, those that were being investigated and outcomes of investigated safeguarding referrals. The information was analysed to identify causes of safeguarding incident and strategies that could be put in place to minimise or prevent reoccurrence. This showed that the provider took steps to identify potential abuse, take appropriate action and prevent reoccurrence.

One person who had fallen several times had a personal motion alarm fitted which alerted staff that the person needed assistance, if they tried to move out of their chair. This person did not always understand their risk of falling and their need for assistance to mobilise. Some people who had fallen in their bedrooms whilst trying to get out of bed had been supplied with assistive technology such as 'pressure mats' by the side of their beds, which sounded an alarm to alert staff that they needed assistance with getting out of bed. These people had been assessed as being at high risk of falls. They did not always know how to use the call alarms to call for assistance especially when they were in their bedrooms alone. Staff told us that these decisions had been made in the best interest of the people following risk assessments to maintain their safety. This showed that these people's needs had been assessed and appropriate action taken to minimise the risk of them falling. We saw that the risk assessments and plans were subject to regular review to ensure they were up to date.

People who used the service and staff told us that there were enough staff with the right experience or to meet the needs of people who used the service. People told us that they did not have to wait for long if they needed assistance. We observed that staff responded promptly to call bells

Requires Improvement

Is the service safe?

and no one was left unattended for very long. A staff member said, "We are pretty well organised. We work well as a team and know what needs to be done. There's not a problem".

The registered manager said, "We are keen to provide continuity of services to our residents". They told us that the provider had recruited more staff than required to ensure that staff were always available to cover during leave or absences at short notice. We saw that a dependency tool was used to calculate the number of staff needed to meet the needs of people and we saw that dependency assessments were completed for people who used the service. This ensured that there were always adequate numbers of staff with the right skills to provide people care.

We recommend that the service consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that they felt that the staff understood their needs and had the skills to provide them care and support. The registered manager told us that every attempt was made so that people had a designated member of staff responsible for their care to ensure continuity in care. The registered manager said, "A resident had the same person who did their pre-admission assessment whilst they were in hospital, show them around the home before admission; and it was the same person who planned their care". This ensured that the person's care was planned and delivered by a person who skilled and understood their needs.

We saw that staff obtained consent from people before they engaged in any activity with them. There was evidence in people's records that their capacity to consent to care and treatment had been assessed. The rights of people who were unable to make important decisions about their health or wellbeing were protected. This was because the capacity assessments had identified what decisions could be made in their best interest. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. We saw that people's capacity assessments were reviewed regularly to check for any changes. Staff we spoke with told us they had received training on the MCA and the code of practice relating to the DoLS and gave us examples of when these requirements would be applied. People we spoke with did not express the wish to leave the services and we did not see that the people's liberties were deprived or restricted inappropriately.

We saw that one person had been prescribed medication to support them when they became extremely anxious and presented with behaviours that challenged. We noted that the person looked calm and settled on the day. A nurse told us that they had not used the medicines for a while as staff had used other means such as distraction to manage the person's behaviour. Staff we spoke with described how they cared for the person to minimise the risks related to their behaviour. We saw records that confirmed this. We saw behaviour risk assessments and management plans in place to prevent the behaviours that challenged and supported the person when they presented with this behaviour.

We observed people who used the service at breakfast and at lunchtime. People told us they liked the food that was provided. One person said, "I've had some cereal and I can have some bacon if I want to". At breakfast time we observed that people were served their food at the dining table if they chose, or in their bedrooms. One person said, "The food is all right. It's usually hot and tasty". We saw that the home had recently been awarded a Five Star food and hygiene rating by the Food Standards Agency which is the highest rating. Food Authorities at the end of each inspection give a star rating based on how well the service complies with food law and how much confidence they have in their ability to manage the service safely. The score relates to food hygiene and safety, structure and cleaning, and confidence in management.

Personal choices were taken into account during meals as they had been obtained earlier. We saw that there was a choice of two main meals and a choice of two desserts. One person said, "When I was offered meat I didn't like, they provided me with a nice piece of beef". People were supported to the dining area if they wished, and those who were not able to go to the dining section were brought pre-plated meals. We observed that the meal time experience was pleasurable.

We checked a sample of the records of the food and drink intake of some people who had been assessed as being at risk of malnutrition or dehydration. We noted that forms for monitoring the drinks people included a target quantity. This meant staff were reminded of the minimum quantity of fluid the person should have each day. Records showed that the target quantities were met in all of the examples we looked at.

Referrals were made to health professionals such as the GP, dieticians and speech and language specialists for people who were at risk of malnutrition and or had suffered weight loss. We saw that some people had been prescribed fortified supplements to ensure they received sufficient calories to maintain their health. People's weights were monitored regularly dependent on the level of assessed risk.

Good

Is the service effective?

We saw that health care professionals visited the service regularly to ensure that people received appropriate care that met their needs. A GP visited the home regularly to review people's healthcare needs. This ensured that people maintained good health and had access to other healthcare services when they needed it.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion, and we observed this. One person said, "I really like it; the staff are so good" another told us, "They [the staff] are wonderful". We saw that staff were compassionate towards people when they were anxious. A relative said, "They [Staff] always went to mum and hold her hand. They became like her family". Staff were gentle when they supported people with moving. Staff did not rush people when they supported them. We saw that when people mentioned that they were cold, staff put blankets around them and made sure they were warm. Before meals, we saw that staff made sure that people's hands were cleaned and asked people if they wanted additional clothing to prevent unnecessary stains on their clothes during meals, they were given one.

A relative whose relative had passed away recently at the home described to us the care and compassion they and their relative experienced from the staff. They said, "They had so much patience. The staff were unbelievable. You could never have got that in a hospital. [Staff name] came and held mum's hand and still made time for her. The care was outstanding, absolutely amazing".

We heard a person being called by a preferred name and noted that it had been recorded in the person's care records that they wished to be referred to by that name. People's bedrooms were personalised and people were encouraged to bring items that provided information about their families, past histories and their hobbies. People told us they enjoyed sharing their past experiences with staff. A relative said, [Person's name] is very happy there, you wouldn't move him out of there. He loves it". People personal preferences and beliefs were supported.

One person told us, "Oh yes they always knock before coming in". We observed staff knocked on people's bedroom doors and waited before they entered the room. We saw that when staff moved people using hoists, they ensured that the people were covered so that their legs or other parts of their body were not exposed. This ensured that people's dignity was maintained. A relative said, "When they [Staff] are with her [Person who used the service], they treat her with respect". The home had appointed staff members whom they referred to as 'Dignity Champions'. Dignity champion meetings were held at the home on a quarterly basis to discuss various ways to ensure that people's dignity was maintained at all times. These showed that the provider took appropriate steps to ensure that people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and could meet their needs. People who used the service told us they were involved and supported in planning their care. A relative told us, "We are happy with Tall Oaks. They keep us involved and notify us of things very quickly". People's care plans specified how people wished to receive care and support and staff we spoke with demonstrated and understanding of people's needs. The registered manager told us, "Relatives are invited for yearly updates. We always involve them in any decisions relating to the service user and if they [the person who used the service] have to go into hospital. We always inform the family of the appointment".

People were involved in various activities within the home environment and the community. One person we spoke with told us, "I enjoy being taken to [local community centre] where there is social activity and a cup of tea". The provider had a designated person responsible for ensuring that people were engaged in activities of their interest. The person responsible for activities took people out the library and got them involved in activities in the community, which they enjoyed. A volunteer who supported the activities person told us, "I come here every [Day of the week] so that if anybody wants to go out, I help out. We go to shows and to the library. [Person's name] likes to go out to the garden, so I take them out". An organist came to the home on the day to play some music. We saw that people were encouraged to request tunes and to chat about the music. We noted that this was well received with evidence of people smiling and joining in to the sing-along. This showed that the provider took steps to support people to engage in activities of interest.

One person who preferred to remain in their bedroom said, "I like my own company but can feel lonely sometimes". Another person who remained in their bedroom said, "We can get involved in things if we want to". A staff member said, "I finish my shift soon; I've brought my nail kit with me. I've promised I'll do [Person's name] nails". This showed that these people were not isolated because they chose to remain in their bedrooms.

We spoke with a relative who had raised a complaint about the care their relative received. They told us they were encouraged by management to put their concerns down in writing too. They said, "The issues were managed to resolution. We [them and the provider] collectively sorted it out and reached a resolution". They said they were happy with the outcome and their relative was happy at the home. This showed the provider had supported the relative to make a complaint and taken appropriate action to resolve it.

We saw that the provider had a complaints policy and procedure in place. Complaints were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales. We saw records of complaints that had been made and noted that they had been resolved appropriately. Information was posted at the main entrance of the home about the complaints procedures and who people could contact if had any concerns about the service. This meant that people could raise concerns anonymously if they did not wish to speak to the staff at the home, face-to-face.

Good

Is the service well-led?

Our findings

In the previous inspection, the home was not compliant with Regulation 10 of the Health and Social Care Act 2008 because they did not have effective systems in place for monitoring the quality of the service provided. During this inspection, we saw that improvements had been made.

Regular medication audits took place, and when concerns were identified, the provider took action to deal with them. We identified gaps in people's MAR which had not been accounted for. The provider had identified similar gaps through a recent medication audit they had carried out. We saw that the registered manager had had arranged a meeting with all the nurses to discuss the concerns identified. They said, "I've got a qualified staff member meeting on [date] to discuss the concerns and reiterate the importance of the medication policy, Nursing and Midwifery Commission (NMC) requirements and importance of documenting why PRN medicines have been given". The regional manager said, "[Registered manager name] has not had any managerial training but has been able to radically overhaul medication management at the home. Medicines were not managed properly, so a better system is now in place".

The provider had effective systems in place for monitoring the overall quality of the service. Some of these included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. We saw records of weekly and monthly audits that had been carried out and noted that where concerns had been identified, the provider took action to deal with them. The provider had a system in place which they called 'Aide-Memoire' which the registered manager used as a reminder to ensure that week and monthly checks had taken place and had been reported on. The registered manager had also devised their own quality audit annual time table to ensure that they kept up-to-date with the quality monitoring audits. The regional manager told us, "We have implemented a system of administration where quality assurance checks are implemented. They are regular and consistent". These showed that the provider had effective systems in place for monitoring the quality of the service.

People told us they were asked their views about various aspects of the service. We saw that the provider carried out a yearly service user satisfaction survey to obtain the views of people about services. We saw minutes of meetings held with people who used the service, to seek their views about services and saw that the provider took action on comments and suggestions made by people in these surveys. People had expressed the need for the home to be renovated.

The regional manager said, "We identified things that needed to be done for a long time. We have been refurbishing the home. We got professional advice on design and colour scheme for the refurbishment. The lounge has now been renovated and people enjoy being in it now. Tall Oaks has gone from a home that was plain and struggling to a home with an identity where people feel safe and liked by people". This showed people were involved in developing the service and the provider acted on their views.

People who used the service, with the support of the activities coordinator, organised a variety of activities such as car washes and fetes to raise money for various projects of their choice. The registered manager told us that the person responsible for coordinating activities had close ties with the local community. They had invited well know personalities from the local authority to the home for people's birthday's especially when it was a significant milestone. People told us that they were supported to go to the local club and to the library and they enjoyed doing this. This showed that the provider maintained closed links with the local community.

The registered manager had been in post for three months. Prior to this, they worked as a nurse in the home. People told us that the registered manager was friendly and approachable and we observed this on the day. One person said, "The new manager is lovely. I have been able to talk to them". A relative said, "[Registered manager's name] has a good relationship with the residents". We observed during the day that people approached the registered manager with various concerns and they took time to listen to them and to resolve any concerns. Staff we spoke with were all complimentary of the registered manager. One staff member said, "The new manager is brilliant. I now love coming to work". Another staff member said, "It is a good place to work; the team work is excellent. The registered manager is approachable and knows what they are doing". We saw compliment cards that had been given by people who used the service for the care and treatment they had received at the home. We saw that

Good

Is the service well-led?

some donations had been made by relatives of people to express their gratitude for the care their relatives had received whilst they were in the home. This showed that a positive culture was promoted in the home.

People told us that the registered manager was a good leader and demonstrated good leadership skills. In the past, there had been concerns that the provider did not notify us of incidents at the home. The provider notified us of incidents that had occurred and kept a record of all these for monitoring purposes.

The registered manager had a good understanding of their responsibilities and told us how they ensured that the home was well-led. The registered manager delegated responsibilities to other senior staff members in order to maintain staff involvement in the running of the service. The registered manager told us some of the challenges the provider faced and how they intended to make improvements. Some staff members were now involved in providing supervision to care assistants. This showed that the service demonstrated good management and leadership.