Caring Homes Healthcare Group Limited

Tall Trees

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out our inspection on 16 February 2016. This was an unannounced inspection.

Tall Trees is a care home providing accommodation for people requiring personal and nursing care. The service supports older people with a variety of conditions which includes people living with dementia. At the time of our visit there were 47 people living in the service.

There was a new manager in post who was in the process of applying to the Care Quality Commission to become the registered manager. 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 2008 and associated Regulations about how the service is run.

Everyone was extremely positive about the improvements made to the service since the arrival of the new manager. The manager was described as 'approachable' and people appreciated seeing the manager about the home. The manager promoted a caring culture that ensured people were at the centre of everything the service did.

Staff felt supported by the manager, however staff had not always received regular supervision. Staff had access to training to ensure their skills and knowledge were kept up to date.

We saw many kind and caring interactions throughout the day. There was a cheerful atmosphere with people and staff smiling and laughing together. Staff supported people with compassion, promoting independence and dignity. People and staff had developed meaningful relationships.

Staff were knowledgeable about people's needs and care plans provided information that ensured staff had clear guidance relating to the support people required.

Medicines were not always managed safely. People were at risk of not receiving their medicines as prescribed.

Where risks were identified in relation to people's physical needs care plans were in place to ensure risks were managed. Where there were risks in relation to people's anxiety and behaviour, care plans did not always contain risk assessments or guidance for staff in how to support people's behavioural needs.

Staff knew how to identify and report concerns relating to safeguarding vulnerable people. Staff were aware of the whistleblowing policy and felt confident to use it. There were enough staff to meet people's needs, however some staff were working excessive hours to ensure required staffing levels were achieved.

Where people were assessed as lacking capacity care plans did not reflect the principles of the Mental

Capacity Act 2005 (MCA). Staff had not always completed training in the MCA. We have made a recommendation in relation to the MCA.

Systems to monitor the quality and safety of the service were not always effective. However most of the issues found during our inspection had been identified and were being addressed by the management team.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed in a way that ensured people received their medicines as prescribed.

Risks relating to people's behaviour were not always identified and plans were not in place to manage the risks.

People were supported by staff who knew how to identify and report any concerns relating to the abuse of vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always knowledgeable about The Mental Capacity Act 2005 (MCA) and records did not always follow the principles of the MCA.

Staff received appropriate training and felt supported by the manager. However staff did not always receive regular supervision.

People received food and drink to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and took time to build valued relationships with people.

People were treated with dignity and choices were respected.

People were involved in decisions about their care and had the opportunity to review their care needs.

Is the service responsive?

Good

The service was not always responsive.

People's care plans did not always contain information in relation to life histories.

There was an extensive activity programme and staff knowledge of people enabled them to have access to activities that interested them.

Is the service well-led?

Requires Improvement

The service was not always well-led

Systems for monitoring the quality of the service were not always effective.

The manager was approachable and was committed to improving the service.

There was a culture that put people at the centre of everything the service did.

Tall Trees

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 checked 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 the 16 February 2016 and was unannounced. The inspection team consisted of three inspectors and a specialist advisor in dementia care. Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We also reviewed the providers PIR (Provider Inspection Return). This contains information from the service about what they feel they are doing well and what they feel they need to improve. We also reviewed previous inspection reports and reviewed feedback from the commissioners of the service.

At the time of the inspection there were 47 people being supported by the service. We spoke with 13 people who were using the service and communicated with another using their preferred method of communication. We spoke with five people's relatives and three people's visitors. We also conducted a short observation framework for inspection (SOFI). A SOFI is a method of observing the experiences of people who cannot communicate with us verbally. We spoke with the manager, acting deputy manager, the cook and 13 staff. We reviewed 12 people's care files, records relating to training, and the general management of the home.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Records relating to the administration of medicines were not always completed accurately. For example, people's medicine administration record (MAR) showed people's morning medicines were to be administered at 8am. The nurse administering medicines was still administering at 10:30am, however people's MAR were signed to indicate they had received their medicines at 8am.

People did not always receive their medicines as prescribed. For example, one person's MAR stated their medicine should be given 30-60 minutes before food and should be administered at 8am. The medicine was administered at 10:30am. The nurse administering the medicines was not aware of the specific instruction relating to the medicine being administered before food. This put people at risk of not benefiting from the full effect of their medicines as they were not being given as prescribed.

People's MAR did not always contain detailed information relating to the time and dose of their medicines. For example, one persons record contained two different doses of the same medicine. Staff were not clear which dose was correct. The nurse administering medicines to people on the unit told us, "Insulin once daily I think". We could not be sure this person was receiving their medicine as prescribed.

Some people's medicines were administered covertly. Covert means medicines administered in a disguised format, for example in food or in a drink. This method is used when people have been assessed as lacking capacity to understand the consequences of not taking their medicine. We saw a nurse crushing tablets. The nurse told us "GP has given permission to crush medication". We looked at care records relating to administration of covert medicines and found that there was no record of a pharmacist being consulted in relation to the suitability of medicines to be crushed. We looked at the providers policy on covert administration of medicines which stated, 'The pharmacist must be involved in these decisions as adding medication to food or drink can alter pharmacological properties and therefore affect its performance'. We could not be sure people's medicines were being administered in a way that ensured they were effective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us people were safe. Comments included, "Oh it's a very safe service, very much so", "I feel very safe here yes", "The environment is absolutely safe" and "I do feel safe yes, I like it".

Staff had a clear understanding of their responsibility to identify and report any concerns relating to abuse. Staff comments included, "If I have a concern I would raise it immediately with my manager" and "I would raise it with the manager or if I had to the CQC".

There was a safeguarding policy and procedure in place and information relating to safeguarding was clearly displayed throughout the home. The manager understood their responsibility to report concerns and records showed safeguarding alerts had been raised appropriately with the local authority safeguarding

team.

People we spoke with told us there were enough staff, but at times felt staff were doing too much. Comments included, "There are some people who are here all the time, they must get tired", "The staff always seem available, they can be very busy at times though" and "Staff seem to be around when we need them, there can be times in the day when they aren't about so much and every so often staff change throughout the day, I am fine with it, but other people find it hard to get used to new people". One relative we spoke with told us, "More often than not staffing seems fine, no concerns, but you get the odd day when you can see staff are stretched, residents seem fine though".

On the day of the inspection there were enough staff to meet people's needs. Staff did not appear rushed and took time to be with people. However, some staff did tell us the number of staff was stretched at times of sickness and absence. Comments included, "We are ok, there are times when we have to move around a lot if there is an absence", "I can sometimes be worried if we are short as some people require constant observation and can't have it if other people need two carers to support them" and "Staffing is improving but can still have quite an impact if absence happens that's unplanned". We also saw that nursing staff had to work extended hours regularly to ensure that planned numbers of nursing staff were available. One nurse we spoke with told us, "We do not use agency so we have to make sure it's covered, it is a lot".

We spoke to the manager and regional manager who told us they were actively recruiting staff to ensure there were sufficient, consistent staff to meet people's needs.

People's care plans had identified risk in relation to people's needs. Risks had been assessed and detailed guidance was in place to ensure staff were aware of the risks and could support people in a way that managed the risks. For example, one person had complex needs relating to their nutrition and breathing. We saw a clear risk assessment in place and guidance for staff to follow. Staff we spoke with understood these needs and we observed staff following them through the day.

However, we did find risks in relation to people that may present behaviour that challenged were not always managed with the same level of detail. For example we reviewed the care plan of one person who could present with behaviour that challenged. There were a number of occasions where this person had thrown things or hit out at staff. We also observed an incident during the day where this person threatened to throw and object at staff. Staff responded appropriately to the incident in a calm manner. This person's care plan identified they could become restless, however there was no risk assessment or guidance in place ensure the safety of this person, other people and staff. We spoke with the deputy nurse who agreed there was no guidance in place for when the person displayed behaviour which challenged and staff relied on their experience. Most staff felt able to manage this person's behaviour, but others told us they had not felt prepared.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK. Staff told us they had a thorough recruitment check before starting their work.

Requires Improvement

Is the service effective?

Our findings

Staff felt supported and spoke very highly of the accessibility of the new manager. Comments included, "I feel very supported yes, I can go to the manager with anything, she has been brilliant", "The support is there if you need it definitely" and "I am supported as much as I feel I need and know I can ask for more if I need it".

Staff did not always receive regular supervision. Although staff felt supported they did not receive feedback about their performance or have the opportunity to discuss their development needs. Comments from staff included: "I guess I'm doing ok as I haven't been told off at all", "I think I'm doing ok, but I am not sure to be honest" and "I get good feedback from other staff and relatives, but it would be good to have the space to sit down and talk about how I am getting on". We spoke to the manager who acknowledged supervision was an area for improvement. The manager told us, "I don't like the form and it's an area on my plan to improve". The manager's action plan identified the need to implement a schedule of supervisions for all staff. We saw that some action had already taken place and appraisals were planned for most staff. Some appraisals had already taken place.

Staff were positive about the training they received. Training included safeguarding, moving and handling, dementia and first aid. Comments included: "There is lots of training"; "I have done lots of e-learning (online learning) and we do also get face to face training" and "The training has been good, especially the dementia training, really helpful". We spoke to new staff who felt their induction had prepared them well for their role. New staff told us they had benefited from a period of shadowing more experienced staff in order to gain confidence in their role. One new member of staff told us, "I was really nervous, but the process was handled really well, I spent time on each unit and was made to feel very supported to ask questions".

Not all staff within the service we spoke with had been trained with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Some staff we spoke with had a good working knowledge of the principles of the MCA. Whereas others admitted they required further training.

People's mental capacity had been assessed and where people were assessed as lacking capacity decisions were made in their best interests. For example there were capacity assessments in relation to people moving into the home and best interest processes had been followed involving relevant people. However mental capacity assessments had not been completed in relation to some specific decisions. For example, one person had bed rails in place. There was no capacity assessment relating to this decision and no record of a best interest process.

The manager understood their responsibilities in relation to DoLS and made applications to the supervisory body responsible for authorising DoLS.

People were positive about the food they received. Comments included: "I'm always offered a variety of good food"; "The food is really nice the chef does a good job" and "If I fancy something different I can ask for it, they are very good". Relatives were complimentary about the food. One relative said, "The food is lovely, I often stay myself".

People's nutritional needs had been assessed and documented. People received the support they needed to ensure their diet was nutritious and well-balanced. People's weight was routinely recorded and monitored to promote their health and well-being. People were encouraged to eat healthy food and were provided with a choice of suitable and nutritious food and drink. Individual dietary needs were recorded in care plans and were available for reference in the kitchen. The kitchen staff were aware of people's dietary needs and preferences, and provided specialised diets where this was needed. For example people requiring a soft diet.

Recommendations from health professionals relating to peoples food and fluid requirements was detailed in people's care plans and staff followed the guidance. For example, one person had been assessed by a speech and language therapist (SALT). The SALT recommendation stated, 'Smooth, pureed diet with pudding thick fluids from a teaspoon'. We saw staff supporting this person to eat and drink in line with the guidance.

People had access to appropriate health and social care professionals when required. The service maintained effective communication with people's GP and contacted them for advice when needed. The service also accessed support of other professionals such as Care Home support service and district nurses. However, there was no record of involvement of mental health services which would have benefited people who experienced anxiety and behaviours that challenged.

We recommend that the service access additional staff training to improve staff knowledge of the Mental Capacity Act.

Good

Is the service caring?

Our findings

People told us that staff was caring. Comments included: "Carers are very good. They do what you want them to do straight away"; "Staff are full of TLC. They are almost reading your mind to do something for you"; "I couldn't ask to be in a better place, we have such caring staff" and "The care is brilliant, really good". Relatives and visitors were positive about the caring nature of staff. Comments included "Every time I come here staff are friendly and very polite"; "I feel [relative] is safe and settled here without a doubt. It's clean, safe and welcoming" and "Staff are so cheerful looking after [relative]. Staff are lovely with them all and know their little ways".

One person who stayed regularly at the home for short periods told us they enjoyed staying at the home and were comfortable to return. The person was pleased to find a greetings card in their room when they arrived that said, 'We are glad you came back".

People were treated with respect and their dignity was protected at all times. Staff displayed patience and a caring attitude throughout our visit. We heard staff ask people quietly whether they felt comfortable, needed a drink or required personal care. Staff also ensured that curtains were pulled and doors were closed when providing personal care. Staff knocked on people's doors and waited for people to respond before entering their rooms.

Staff were knowledgeable about the needs of people and had developed strong relationships with them. Staff clearly appreciated the relationships they had with the people they supported. We saw many positive interactions between people and staff. For example, we saw one member of staff sat chatting and laughing with a person.
During our observations at meal time, we saw people were well cared for and supported. One person told us, "[Staff member] is always cheerful they take pride in what they do, it makes it feel like I'm eating out and not stuck in a home, it's appreciated".

People were supported to maintain their independence. For example one person liked to take their plate to the sink when they had finished eating. Staff encouraged the person to do this. People were involved in their care and were offered a range of choices. People could make decisions about how to spend their day, what people would like to eat, whether they wanted to participate in activities and clothing choices. For example, staff asked people where they would like to sit at the table in the dining room. When people were unable to verbalise their choices easily, staff gave them time to indicate their preferences through non-verbal cues, such as nodding and smiling.

Records containing people's personal information were kept in the nursing station which was locked when no authorised person was present in the room. People knew where their information was and they were able to access it with the assistance of staff. People were involved in their care and we saw records of regular reviews with people and their relatives. This gave people the opportunity to discuss their care needs and identify any changes needed.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were collected at their initial assessment and this information was clearly recorded in their support plans. We saw that the management and staff had made an effort to learn the language of one person who could only communicate in their own language.

Good

Is the service responsive?

Our findings

People needs were assessed when they entered the service. These assessments were used to create care plans. Care plans were in place to guide staff on how to support people with their identified needs in areas including personal care, medicines management, communication, nutrition and mobility needs. Where people required support relating to mobility, care plans detailed any equipment needed and how this should be used. This included the number of staff required to support the person. People were supported in line with their care plan. For example, one person's care plan identified the person had specific communication needs and had assistive tools to enable them to communicate effectively. We saw this equipment was readily available for the person and that staff knew how to use it.

Some care plans contained detailed life histories which included information on people's early life, parents, education, career, work and achievements. Staff members told us that some care plans were a good source of information to enable staff to get to know people and to provide effective care. Staff were able to describe people's care needs, preferences and routines which were detailed in people's care plans. For example, one person's file contained information about the person's life history and their life on a farm. Staff used this information to reassure the person when they were becoming anxious.

Staff clearly knew about peoples past interests and occupations and used that information to have conversations. We saw these conversations visibly effect people in a positive way through smiles and laughter. Staff told us of ways their understanding of peoples past histories has improved their relationships with them and the quality of care they give as a result. For example one staff member told us how she dances with one resident who used to do ballet. We were told, "It's lovely to see it's like their past is in the room with you, it's lovely".

The service employed an activities coordinator who spent time talking with residents and staff to ensure that everyone in the home had access to activities that interested them. There were pictures around the home of activities that had taken place and there were posters identifying planned activities. There was a wide choice of activities offered to people. These activities included games, quizzes, a baking club, a visit to a garden centre, flower arrangements and gardening. One person told us, "I think that the flower arranging is a very good idea, and I like the armchair exercises". One person told us how they had enjoyed a trip out to see retired race horses. On the day of our inspection we saw a number of residents enjoying a cheese and wine event. We heard staff asking people if they would like to attend the event. This ensured that everyone who wanted to be involved could be.

People who did not wish to attend the activities were sitting in the communal areas, listening to music or reading newspapers. Others were in their bedrooms watching television, reading or being visited by their relatives. One person who did not want to come out of their room on the day of our inspection was visited by the activities coordinator to ensure they were not socially isolated.

There was a complaints policy and procedure in palace and this was on display in the home. People and their relatives knew how to make a complaint and felt confident to do so. One relative we spoke with had

raised a concern and told us the complaint had been 'taken seriously' and had been resolved. Complaints records showed that complaints were recorded to and responded to in line with the complaints policy. There was one on going complaint about the car park and the manager was involving appropriate departments within the organisation to find a resolution.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives were complimentary about the management of the service and recognised the new manager's efforts to improve the service. Comments included: "She is a new administrator and she needs to find the way. I think she is doing a jolly-good job"; "It seems to be well-managed. If the management wasn't so much on the ball, things would not run here so smoothly"; "She is very approachable and listens, we just hope she stays"; "I have been very pleased with the approach, really on the ball, it's nice" and "It's reassuring to see that she is around the home a lot, seems very supportive and interested in people".

Staff were positive about the new manager following a prolonged experience of changing managers. Comments included: "I hope this one stays, she is very focussed on residents and very supportive"; "The manager has made a big difference already, you can see things starting to be more positive"; "The management feel a bit more stable now, it makes a big difference, you can see things being picked up and dealt with which is reassuring"; "She is very approachable. There is a more positive attitude through the whole place" and "There is a long way to go, but it's the first time I have felt stable in a long time".

Staff had a clear and consistent understanding of the provider's vision and values for the service. The service aimed to provide a safe service that put people at the centre of all they did. Staff were positive about their work and enjoyed supporting people. Staff were aware of the whistleblowing policy and felt confident to use it.
Staff told us they were not always clear in relation to the staffing structure in the service. Comments included, "I am not always clear who I should speak to about things, I am not sure I have the confidence in the chain", "It can be challenging as things are always kept confidential if you go to some seniors ; "I think the process can be effective depending on what the issue is" and "I think it's clear and we do our best for people but communication could be better between all the staff".

Nurses we spoke with were clear on their responsibilities; however nurse attitudes towards care staff impacted on team working and the collaborative culture in the service. One nurse told us, "Staff should not ask about blood levels, if I say it's high or low, they should just do what they need to" and "It's not carer's job to ask medical questions". One care worker told us, "I am keen to learn and do better, but I do not always feel able to ask questions". Records of a nurse meeting held on 17 January 2016 showed that staff attitudes had been discussed and that nurses should 'empower senior carers' in their role. This showed the manager was aware of staff attitudes and was taking action to address the issue.

Systems in place to monitor and improve the quality of the service were not always effective. Regular audits were carried out which included care plans, infection control, risk assessments and training. Where issues had been identified through an audit, action had been taken to address the issues. For example an audit of monitoring charts identified that food and fluid charts identified they were not always being completed. The completion of monitoring charts had been discussed with staff at staff meetings and we saw that monitoring charts were now being accurately completed. A medicine audit carried out by an external agency on 21 December 2015 had not identified the issues we found during our inspection.

The manager had planned meetings for relatives and residents to enable them to feedback on the service and keep them informed of what was happening in the service. Although relatives had not attended meetings they were confident to speak with the manager and felt issues were addressed in a timely manner. One relative told us, "I haven't been to any meetings but [manager] is extremely approachable".

Accidents and incidents were recorded and any actions identified. There was a system in place to enable the provider to have an overview of all accidents and identify any trends. This included monitoring falls and identifying actions relating to individuals and across the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that care and treatment was provided in a safe way. Medicines were not managed safely. Regulation 12