

Speciality Care (REIT Homes) Limited

Tall Oaks Care Home

Inspection report

Charles Street
Biddulph
Stoke On Trent
Staffordshire
ST8 6JB

Tel: 01782518055
Website: www.fshc.co.uk

Date of inspection visit:
22 October 2019

Date of publication:
25 November 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tall Oaks Care Home is a residential care home that provides personal and nursing care for up to 55 people. Four of the 55 beds were allocated and funded by the local Clinical Commissioning Group to assess and plan for people to return home after a hospital admission. The accommodation is provided in a single building, arranged over two floors, with communal facilities including dining rooms and lounges on both floors. At the time of our inspection 43 people were using the service, some of whom were living with dementia.

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

People were at risk of not always receiving a safe service because medicines were not always managed safely and monitoring records were not consistently completed and reviewed to assure us that appropriate action was always taken. The provider had quality assurance systems to drive improvement, but these had not identified the shortfalls we found in these areas.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. There was a consistent approach to safeguarding and any concerns were taken seriously and referred to the local safeguarding authority for investigation.

There were sufficient, safely recruited staff to keep people safe and promote their wellbeing. Staff received training and ongoing support to meet people's individual needs. People had choice over their meals and were supported to access other professionals to maintain good health.

Staff had good relationships with people and always promoted their privacy, dignity and independence. 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 supported this practice.

People received personalised care from staff that knew them well. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People had opportunities to take part in activities and social events and were supported to follow their hobbies and spiritual beliefs. Staff were proactive and ensured people received timely and dignified care at the end of their life.

People and their relatives had no complaints and felt confident raising any concerns with the staff and acting manager. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the acting manager and management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 29 April 2017). At this inspection we found evidence that the provider needs to make improvements with the management of medicines and governance of the service and the overall rating has declined to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tall Oaks Care Home

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tall Oaks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager registered with the Care Quality Commission. The provider was in the process of recruiting a new manager and there was an interim manager at the service. We have referred to them as the 'acting manager' in the report. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included information from local authority commissioners and the public. 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.

During the inspection-

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the acting manager, regional manager, agency nurse, senior care workers, care workers, administrator, chef and maintenance worker. 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 four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and action taken by the provider to mitigate the immediate risks identified in relation to medicines.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had not always ensured the proper and safe management of medicines. For example, one person's medicines needed to be crushed and a capsule opened for administration via a percutaneous endoscopic gastrostomy tube. This is a tube which enables a person who is unable to swallow to receive medicines and nutrition safely. The provider had not obtained guidance from either the prescriber or a pharmacist to ensure staff had the information they needed to prepare and administer the medicine correctly. This placed the person at risk of harm.
- Medicines administered on an 'as required' basis, known as PRN, were not always accurately recorded. Staff did not always follow a consistent system when people were administered these medicines. For example, staff did not always record the dosage given or reason why the medicine was needed.
- We checked the stocks of five PRN medicines and only one matched the medicine administration record. This meant we could not be assured that people always received their medicines as prescribed.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate medicines were always safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They submitted information to assure us that they had taken action to mitigate the identified risks and planned to undertake a full review of medicines.

- People told us they received their medicines when they needed them. One person said, "I have my medicine three times a day and it is always on time. The staff are very good".
- Staff received training to administer medicines and we observed they spent time with people, explaining what the medicines were for and ensuring they had taken them.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and planned for and staff understood the risks to people's health and wellbeing and how to manage them. One person told us, "They [staff] are careful with how they move me and I have confidence in them".
- However, some improvements were needed to ensure risk management plans were clear and co-ordinated. When risks to people's skin integrity had been identified, wound care plans did not always clearly

identify the treatment regime and action being taken. For example, dressing changes were recorded in different places and when specialist advice had been sought, it was not always clear that the treatment regime had been updated. The acting manager told us they would review the plans to ensure they reflected people's current needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People told us they felt safe. One person told us, "I have no concerns at all about living here or my care". Relatives were confident of the safety of their family members. One told us, "As a family we have no concerns at all".
- Staff had received training and discussions showed they were confident to recognise and report signs of abuse.
- The provider had effective systems in place which demonstrated that any concerns were reported and investigated promptly, using local safeguarding procedures.

Staffing and recruitment

- People were supported by enough staff, most of whom had worked at the service for many years, who knew them well. When needed, the provider employed agency nurses, requesting staff who had worked at the service before, to ensure people received consistent support.
- Staff told us the acting manager monitored staffing levels and adapted them to people's changing needs.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The provider also monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean, and staff understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.

Learning lessons when things go wrong

- There was an open culture at the service and staff were encouraged to report any concerns.
- When accidents and incidents occurred, we saw that investigations were thorough, and action taken to minimise the risk of reoccurrence.

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 Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving to the service and where appropriate, staff involved people's families to discuss their expectations of the service.
- Prompt referrals were made to external services to make sure people's needs were met and staff worked with other health professionals to ensure people's care was delivered in line with good practice.
- Staff were knowledgeable about people's needs and explained how they supported people, which was in line with their planned care needs.

Staff support: induction, training, skills and experience

- There were effective systems in place to ensure staff had the skills and knowledge to meet people's needs.
- Staff felt supported to fulfil their role through training, observations of their practice and regular supervision meetings. Staff were encouraged to develop their skills and knowledge through further training. One member of staff said, "The training is very good, and we get regular updates".
- New staff received an induction, which included completing the nationally recognised Care Certificate, which equips staff with the skills to work in health and social care. Staff told us they shadowed experienced staff and did not work unsupervised until they and their manager were confident they were able to do so.

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

- People were offered choice and meals and drinks were served throughout the day. One person said, "The food here is very nice and there is plenty of it and they are always coming around with drinks".
- People's individual likes and dislikes were recorded, and although there were no specific needs at the home, the chef had a good understanding of how to provide foods that would enable people to follow any religious or ethical beliefs.
- People's dietary needs were assessed and met. Staff followed guidance from the speech and language therapist where people were at risk of choking and needed liquids thickened and meals pureed.
- Staff monitored people's weights where needed and any concerns were promptly escalated to the dietician or GP.

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

- The layout of the home offered different areas for people to spend time with visitors or have time alone.
- People's rooms were furnished and decorated to their personal taste and preference. One person told us,

"I can choose how I have my decor in my room. I feel very much that it is my home".

Supporting people to live healthier lives, access healthcare services and support

- People were supported to improve and maintain their health and wellbeing through regular input from relevant health professionals. One person told us, "I have had physio here which has helped to make me more independent and I am really pleased with my progress".
- A GP visited on a weekly basis and staff worked collaboratively with them to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests and in the least restrictive way possible.
- People's capacity to make certain decisions was assessed when needed and any best interest decisions were recorded, with the appropriate involvement of family members and professionals. Decisions were kept under review to ensure people's rights were upheld.
- When people were potentially being deprived of their liberty, applications had been made for legal authorisation. These were monitored and updated to reflect any changes in people's needs and any conditions were included in people's care plans to ensure they were complied with.

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 Good. At this inspection this key question remained the same. 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

- People were happy with the care they received and how staff supported them. One person said, "They are very good staff who are extremely compassionate. I can't fault any of them". Another said, "The staff are caring and kind and respect me and my privacy. They will often do little extras to help and spend time with me, especially the night staff. It feels like home".
- Staff were always visible and treated people with warmth and kindness in all interactions. If people became unsettled, staff reassured them using touch and eye contact until they became calmer.
- Staff treated people as individuals and chatted with them about their family or discussed topics they knew interested them. This promoted a warm, friendly atmosphere, with light hearted banter and laughter. A relative told us, "They [staff] have a laugh and a joke with [Name of person] and are getting to know them well. The staff seem lovely".

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

- People were involved in making decisions about their care and told us they could choose how they spent their time. One person said, "The staff all know me and I feel that they involve me in decisions". Another person said, "I feel involved in my care and that staff listen to me. My opinion is valued and they always take it on board".
- People's families were encouraged to support their relatives to make decisions when it was appropriate, and advocates were available if needed. An advocate is a person who supports people to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was always respected. One person said, "The staff are caring and kind and respect me and my privacy".
- Staff were committed to promoting people's dignity and had made pledges which were displayed on a dignity tree in the main lounge. For example, one staff member had pledged 'to respect resident's wishes and needs' and another pledged to speak to people correctly and politely.
- People were encouraged to maintain their independence as much as possible. One person said, "Staff are very kind and look after me very well. They let me do what I can for myself as I like to be independent".

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 Good. At this inspection this key question has remained the same. 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

- People received personalised care from staff that knew them well and supported them to live their life as they chose. One person told us, "I like two yoghurts at 8pm every night and they never forget". Another said, "I get a good standard of care. I can do what I want with my day and often go out on my scooter and go and buy myself some snacks and cake".
- Care plans included information about people's likes and dislikes and the provider was working with staff to gather more detailed information about people's life history. This included using training from the Alzheimer's Society which would support staff to explore people's relationship needs to ensure people's protected characteristics were accurately recorded and their preferences met. We will follow this up at the next inspection.
- The acting manager had introduced 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support to ensure their preferences were understood and met.

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.

- The provider was meeting the AIS by identifying and meeting the needs of people with a disability or sensory loss.
- Information was made available to people in a variety of formats, including large print or braille and a translation service had been used via a tablet, to support a family during a review.

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

- People were offered opportunities to take part in activities organised by an activities co-ordinator, who planned a variety of activities and social events. On the day of our inspection, we saw people enjoyed games, which included reminiscing about people's occupations.
- Staff encouraged people to join in but respected their decision if they preferred to spend time alone. One person said, "They do some activities, but I prefer not to join in. They invite me but it isn't my thing. I like my knitting and my own space".
- People's faith and cultural beliefs were explored, and church services were arranged for people.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident raising any concerns or complaints. One person said, "I have no complaints at all, but I do know that if I did have, they would soon put it right". A relative told us, "If I had any issues I feel I could approach the staff".
- Although the service had received no formal complaints, there was a system to log and track any concerns or complaints. In addition, any negative feedback submitted via the provider's electronic system located at the entrance to the home was also reviewed and responded to.

End of life care and support

- Staff were proactive in ensuring people had support, equipment and medicines in good time.
- People's end of life care and support needs were recorded in an end of life care plan, which considered their spiritual and cultural beliefs.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

- There had been no registered manager at the service since August 2019. The provider had notified us of this and the service was being covered by the registered manager from the provider's neighbouring service. The regional manager told us interviews were underway and a new manager would be in place shortly.
- In the absence of the registered manager, daily walk-round checks were being completed by senior care staff and nurses. However, these were not effective. For example, they did not check that people had access to buzzers to call staff in an emergency. We identified several people who were cared for in their rooms who did not have buzzers, with no formalised checks in place. Whilst our observations showed these people were receiving regular interventions from care staff, the lack of a clear system meant people were at risk of inconsistent care. The acting manager addressed this immediately and introduced a system to monitor people where needed.
- The provider had a range of quality monitoring arrangements in place but these had not been effective in identifying the shortfalls we found with medicines and wound care. Furthermore, competence checks of staff had not identified and addressed inconsistency in the recording of PRN medicines.
- There was a lack of oversight of monitoring records to mitigate risks associated with people's skin integrity, food and fluid intake. Whilst our observations indicated that staff consistently supported and encouraged people in these areas, records were not consistently completed. For example, fluid intake records were not fully completed with target intake amounts, wound care plans were not completed in a consistent way and it was not always clear how frequently people should be supported to reposition to avoid pressure damage. This meant we could not be assured that appropriate action was always taken.

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

- Whilst people were positive about the acting manager, some relatives felt the quality of the service had declined due to the lack of consistent management. One relative said, "Overall we have been happy with the service here, it just needs [name of acting manager] here full-time to sort things out". We discussed these concerns during feedback after the inspection. The regional manager told us they would ensure a member of the provider's management team worked at the service full-time and would continue to do so to support to the new manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider kept people, relatives and staff informed of the recruitment process for the registered manager. Accidents and incidents were investigated in an open and transparent manner and people's family members kept informed.
- Staff knew about whistleblowing and would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.

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

- The provider used a variety of methods to gather people's views on how the service could be improved. One person told us, "They have meetings for residents and I feel we are listened to and that our opinions are valuable". Visitors were also invited to give their feedback using a tablet located in the lobby of the home. We saw that this was monitored and action taken to make improvements where possible.
- All staff felt supported by the acting manager and regional manager. One told us, [name of acting manager] is very good, they are always available on the phone and we are kept informed about what is happening in the service".

Continuous learning and improving care; Working in partnership with others

- Staff were being trained in the Red Bag scheme, being rolled out nationally. The scheme helps to provide a better experience for care home residents when transferring between home and hospital. Care home staff pack a dedicated red bag that includes the person's records and medicines, as well as day of discharge clothes and other personal items.
- The acting manager and staff worked in partnership with other professionals and services to ensure people received joined up care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not have robust systems to ensure medicines were managed safely at all times.
Treatment of disease, disorder or injury	