

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:
16 June 2021
18 June 2021

Date of publication:
04 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tall Oaks Care Home is a residential care home providing personal and nursing care for 43 people at the time of the inspection. Tall Oaks Care Home can accommodate up to 55 people aged 65 and over across two floors.

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

People's risks were not always managed safely. Plans in place for people who required support with their nutritional needs were not always monitored, which put people at risk of malnutrition and dehydration.

Lessons were not always learnt, and quality assurance systems were not always effective in identifying the shortfalls in people's care records. Although people had been referred to other professionals, these were not followed up, which prolonged ineffective care for people.

The majority of 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.

Not all staff had undergone the necessary training, which put people at risk. There were sufficient numbers of staff to meet people's needs.

The management of medicines had improved since last inspection. However, people had access to fluid thickening powders which could cause harm if ingested.

Infection and prevention control practices were in place and in large were effective in reducing the risk of the spread of infection.

Relatives told us they felt their loved ones were safe and were kept informed of their changing needs by staff who had been safely recruited.

There was a positive culture in the home and staff felt they were supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2019) and there was a breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection although we found improvements had had been made in relation to the

management of medicines, the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to people not receiving adequate care and support. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tall Oaks Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (governance) at this inspection. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available on the day of our inspection, but the inspection was supported by the deputy manager and members of the provider's senior leadership team.

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. We sought feedback from the local authority. 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 15 relatives about their experience of the care provided. We spoke with 11 members of staff including the regional support manager, the deputy manager, a care home assistant practitioner, a nurse, care workers and the chef. 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 eight people's care records and multiple medicines 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 and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were not always managed in a safe way.
- People had care plans in place, but these plans were not always followed. For example, where a person needed to be observed during mealtimes due to risk of choking, we saw this was did not take place which put the person at risk of choking.
- Plans in place which identified people as being high risk in relation to their skin integrity, weight management and risk of choking, were not being followed.
- People's weights or nutritional requirements were not always recorded, as required by their care plan.
- People's care plans were not followed meaning people received inconsistent care which posed a risk to their health and wellbeing.
- Systems in place to identify when things went wrong were not effective as they did not identify the issues we found on inspection. This put people at risk, as the mechanisms in place failed to highlight these issues, so risks were not reduced nor prevented.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively 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.

Using medicines safely

At our last inspection the provider had failed to ensure proper and safe management of medicines and people's 'as required' medications known as PRN, were not always accurately recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to managing medicines safely.

- People's medicines were managed safely. Although, not all medicines were stored correctly. For example, fluid thickening powders were stored on a drinks trolley used in a communal lounge area, which meant they were accessible to people who used the service and posed a risk for people of ingestion and potentially choking.

We recommend the provider follows the NICE guidance for managing medicines in care homes.

- Records of administration were completed for people who were prescribed topical medicines. These showed people received their topical medicines as prescribed.
- People who required PRN medicines had the required protocols in place, to guide staff on how and when these should be administered.
- People received their 'time specific' medication in line with their assessed needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We signposted the provider to develop their approach in relation to ensuring the service was meeting the shielding requirements.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Tall Oaks Care Home. One person said, "I get on with the staff, they are all good. I have no complaints about the staff, I can't fault them. I feel safe and looked after."
- Relatives told us they felt their relatives were safe living at Tall Oaks Care Home. One relative said, "[Relative] is safe, I can't fault the staff they know their work." Another relative said, "Throughout the pandemic [relative] has received safe care."
- Staff were able to tell us how to keep people safe. However, records did not evidence all staff had received formal safeguarding training. We spoke to the provider following the inspection and they assured us a plan was in place to have all staff mandatory training up to date by early July 2021.

Staffing and recruitment

- Relatives told us they felt there were enough staff to meet the needs of their relatives. Comments included, "I don't know about ratios, but I believe they have enough staff," and "I don't think they [relative] wait long as there are always staff milling around."
- The provider used a dependency tool to calculate the number of staff required based on people's needs.
- The provider ensured pre-employment checks were carried out to ensure staffs suitability to work with vulnerable people. This included checks with the Disclosure and Barring Service (DBS), which supports employers to make safer recruitment decisions.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to have their nutritional and dietary needs met.
- Care plan documentation was contradictory and inconsistent.
- For example, where people had been assessed as high risk of malnutrition, supporting documents such as food and fluid charts to monitor people's intake were either not in place or had been prematurely ceased. In cases where they were in place, they were not consistently completed. This meant people were at increased risk of receiving inappropriate or ineffective support.
- Relatives told us they were informed about their relative's fluid and dietary intake by staff if required. One relative said, "I see [relative] from the window, I have observed them drinking and eating snacks."
- People were seen being given a choice of meals during lunch time.
- The dining experience was pleasant, and we observed people sitting in the dining area together.

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.

- Most staff were able to tell us about the MCA and DoLS and what this meant for people, ensuring that when people were deprived of their liberty, staff were taking the most appropriate actions to ensure it was lawful to do so. However, some staff lacked knowledge in this area.
- For example, we saw one staff member interacting with a person and proceeded to wipe their face clean of food debris, despite this person not wishing them to do so, and without gaining consent. This caused this person to become upset and verbally aggressive.

- People had their mental capacity assessed when required and best interest decisions were in place.
- We did note training in this area was outstanding for some staff and the provider had plans in place to ensure all staff training was up to date.

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

- Tall Oaks Care Home worked with other agencies and professionals and referrals made to ensure people had effective care. However, we found referrals made to other professionals were not always followed up. This meant people could go for prolonged periods of time before having adequate support.
- Despite this the deputy manager said, "We have strong links with the clinical psychiatric nurse, the speech and language therapist, the tissue viability nurses and dieticians."
- Relatives told us Tall Oaks Care Home met the health needs of their relatives. One relative said, "They [staff] got the doctor to put [relative] on steroids when [relative] was in pain, [relative] is very happy now."
- People's records evidenced people had accessed health appointments, including referrals to health care professionals and visits from health care professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives told us they were consulted about their relatives needs and were kept informed. Comments included, "[Relative] is given choices, [relative] used to have issues about bathing but at Tall Oaks Care Home they are much better", "They [staff] consult us about matters regarding our [relative]" and "We are always informed of any changes."

Staff support: induction, training, skills and experience

- Relatives we spoke with told us they felt staff were trained. One relative said, "[Relative] is supported by well-trained staff."
- Staff told us they had access to training. One staff member said, "We can also ask for training."
- There was a training matrix in place which evidenced staff training and identified where staff had yet to complete training or where training had expired. The provider informed us a plan was in place to ensure all mandatory training was completed.

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

- Some areas of the home needed repair and decoration. The deputy manager told us this work was currently ongoing. One relative said, "I believe there are plans for refurbishing and they [Tall Oaks Care Home] plan to introduce a nail bar concept."
- The home was clean and free of any malodour.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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; Continuous learning and improving care

- The quality and safety assurance processes were not always effective in identifying and addressing risk.
- The audit processes in place did not always identify the shortfalls we found on inspection. For example, people's skin monitoring and repositioning charts were not consistently in place or recorded and people's monitoring records ceased to continue without a clear rationale. This placed people at risk of their skin breaking down as it was not being effectively monitored.
- There was poor oversight of the management of the service. For example, it was established people did not always have referrals to other health professionals followed up. Such as, dietician referrals. This placed people at risk of malnutrition and a risk to their health and wellbeing.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate there were effective governance systems in place. This placed people at risk of harm. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection stating they would ensure improvements would be made at Tall Oaks Care Home and people's records would be reviewed to ensure they received safe and good quality care.

- The deputy manager stated the systems in place did support driving improvement, but there were areas that needed improvement. They said, "I am working on them, looking at them more realistically such as the falls mobility care plan. We need to review the person as a whole looking at the impact it has in other aspects of their care. For example, change in nutrition could impact on their skin integrity. We need to have a more holistic approach to care planning. We need to involve families more in particular when people arrive at the service."
- There were systems in place to ensure environmental risks were assessed and managed.

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

- Staff felt supported by the management team and were positive about their co-workers.

- Relatives gave us positive feedback about the home and felt they were kept informed about their loved ones. One relative said, "Staff are accommodating and flexible."
- The deputy manager said, "Values is having an open culture, being a caring culture and being open minded. We actively promote a positive culture, during COVID-19 staff morale did dip but we ensured, as managers we remained positive which filtered down. Putting things into place and reviewing these, involving the staff team in the decision making and sharing of ideas, acknowledging their ideas and looking how these can be put into practice."

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 deputy manager understood the importance of keeping people, relatives and staff informed when things had gone wrong. They said, "The key to this is keeping people informed."
- Staff knew about whistleblowing and how to raise concerns. The deputy manager understood how to protect staff, they said, "Staff can come to me and have a private conversation, and if I feel this needs escalating I make them aware it is confidential, making sure they are made aware of the process and protected. Empowering the staff to take actions, the staff are quick at reporting things if they see something."

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

- The majority of staff had completed training in relation to equality and diversity. The provider informed us plans were in place to ensure all staff training would be up to date within a specific timeframe.
- Relatives told us they received questionnaires to complete, in order to give their opinion about the home and the care their loved ones received.
- Staff were involved in morning handover meetings and staff meetings "[Name of deputy manager] comes to the morning handovers when they can which keeps them involved."
- The deputy manager told us how the home uses a handover tool, which is used during the afternoon 'huddle meeting'. They said, "This is where changes are discussed, and seniors can disseminate information."

Working in partnership with others

- The service worked with external professionals. Advice was sought as and when required, ensuring people's changing needs were met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not always followed. This included people's nutritional risks.

The enforcement action we took:

We issued a warning notice to the provider. We have given the provider a date at which they must become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always effective in identifying and addressing risk. This impacted on the provider's ability to consistently improve and sustain quality and safety for people.

The enforcement action we took:

We issued a warning notice to the provider. We have given the provider a date at which they must become compliant with the regulation.