Speciality Care (REIT Homes) Limited

Tall Oaks Care Home

Inspection report

Charles Street
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 15 March 2017. At our last inspection visit on 28 January 2015 we asked the provider to make improvements to medicines people received on an as required basis. The provider sent us a plan explaining the actions they would take to make improvements. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 49 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 46 people were using 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 2008 and associated Regulations about how the service is run.

On the day of the inspection the manager was not present; however the visit was supported by the deputy manager who provided all the necessary information. We saw improvements had been made in relation to the recording of 'as required' medicines and prescribed medicines were managed safely and administered in line with people's prescriptions.

People were supported to make choices and when required, assessments had been completed to ensure decisions were made in people's best interest. The home had enough staff to support people's needs. Any staff who had been employed had received a range of checks to ensure they were suitable to work in the home. The manager and provider had established a range of audits to support the improvements within the home. We saw feedback was sought from people, relatives and staff and any areas raised had been considered and responded to.

We found staff had established positive relationships with people. Staff showed respect for people's choices. They ensured they maintained people's privacy and dignity at all times. People were able to choose the meals they wished to eat and alternatives were provided. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff obtained information to ensure the care reflected people's needs and preferences. People were encouraged and supported with activities they wished to engage in. there was a strong link with the local community and people felt able to use these services within the community. Any complaints had been addressed and resolved in a timely manner.

Staff felt supported by the manager and there was a clear process in place to cascade information about the service and the needs of people. Staff had received training and felt confident to share their knowledge to improve their role.

We saw that the previous rating was displayed in the reception of the home as required. The manager

understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe
People felt safe and were confident the staff knew how to protect them from abuse and report concerns. Risks had been assessed and measure put in place to minimise these. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored, ordered and administered in a safe manner.

Is the service effective?

Good

The service was effective
Staff received ongoing training and there was an induction package to provide new staff with the skills to support people. People enjoyed the food and were encouraged to make choices about their day to day food. Referrals were made to health professionals when needed. Peoples consent was obtained and when required assessments had been completed to support the best interests of the person.

Is the service caring?

Good

The service was caring
People were supported in a caring way by staff they were happy with. People were encouraged to be independent and make choices about how to spend their day. People's privacy and dignity was maintained. Friends and relatives were free to visit when they chose.

Is the service responsive?

Good

The service was responsive

Staff knew people and their preferences and these were reflected in the care plans. People had the opportunity to participate in activities they enjoyed and were enabled to engage in the local community. There was a system in place to manage concerns or complaints.

Is the service well-led?

Good

The service was welled

Staff told us they were supported by the manager and provider. The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us. People's views were obtained and responded to.

Tall Oaks Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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 is 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. Our inspection was unannounced and the team consisted of 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

The provider completed 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. We used this information to formulate our inspection plan.

We spoke with five people who used the service, a volunteer and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with two care staff, a nurse, a support nurse, the cook, the maintenance person, the activities coordinator, the deputy manager and the regional manager. A support nurse has received training to support he nurse in their role. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for eight people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

At our previous inspection in January 2015 we asked the provider to make improvements to the management of 'as required' medicines. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

We saw when people were prescribed medicines to be given 'as required', such as for pain relief, there was guidance in place for staff. This stated what the medicine was for and when they should receive it. When people were unable to express the level of pain they were in, the staff used a 'pain scale' which took into account peoples facial expressions and how they were responding at that time.

Staff managed the medicines safety. We saw when staff supported people with their medicines they explained what it was for and ensured they had taken it before recording it on the medicine administration sheet. One person said, "Staff sort all the medicines out and they make sure that I take them." Staff gained consent from the person before administering them. When people were unable to consent to their medicine there was protocol in place. For example one person received their medicine covertly, this means without their knowledge. Medicines can be given covertly if the person has been assessed as lacking the capacity to understand the prescribed medicine is essential to maintain their health and wellbeing. We saw that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals. A staff members said, "We always offer the medicine and encourage them to take it independently, however if they refuse we are able to use this method."

We saw that people's medicine was given as prescribed. For example, some medicine was required early morning, others before a meal. Some people had medicine for a long term condition which required their blood sugar to be tested. We saw this was completed and on this occasion the person's blood levels were below the agreed amount, the staff member supported them with appropriate action to raise these to a safe level.

Staff told us they received training in the administration of medicines and their competency to do so safely was assessed regularly. One member of staff told us, "We are checked regularly and offered extra training if needed." Medicines were stored safety and regular stock checks were completed. This demonstrated that people received their medicine safely.

People told us they felt safe when they received care. One person said "We are well looked after here." One relative we spoke with said, "I now have peace of mind, with them being here." Staff had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "I feel confident to raise any concerns, I can escalate to managers if needed." Another staff member said, "It's about protecting people and keeping them safe. The information is on the front noticeboard if I need it." We saw the manager had raised safeguarding concerns with the local authority and ensured we had been notified of these. The manager had taken measure to protect the people following any safeguarding incident and was open to support from the local authority. This meant we could be sure people were protected from harm.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Each person had been assessed for the correct level of support to encourage independence or to ensure the persons safety. For example one person on admission had initially been assessed as requiring a stand aid to support them when transferring. Staff felt the person was unsafe and so an assessment was completed with a health professional to consider other types of equipment. The risk assessments reflected these changes and guidance provided for the new equipment. This meant the person could be supported safety.

We saw other risks had been identified in relation to supporting people to manage their behaviours. The plans identified any triggers and how to support the person when this behaviour occurred. Staff we spoke with were able to discuss the action they would take to support people. For example one person often became anxious, the guidance provided staff with distraction options and when to raise further concerns. Staff we spoke with were able to discuss the methods documented. This meant we could be sure people would be supported consistently to help them manage when they became anxious.

The service had a maintenance person. They ensured that repairs were completed swiftly to avoid any disruption or delay in care for people. They told us, "I meet with the manager daily and prioritise any area of repair." They added, "They are big on health and safety here. I have stayed later to move equipment around so that the person would be safe." We saw that fire procedures were clearly displayed and there were plans in place to respond to emergencies. These plans provided guidance t staff on the individual level of support each person required to enable them to be evacuated in an emergency situation.
There were sufficient staff to support people's needs. One person said, "The staff are friendly and helpful." Staff we spoke with felt there was enough staff, one staff member said, "There is always enough staff, it seems calm and chilled out. It's a nice atmosphere." We discussed the staffing levels with the deputy manager. They told us they used a dependency tool which was reviewed monthly or sooner if the people's needs changed. We saw how the staffing levels had been adjusted to reflect the level of need. For example the home had several new people and the staffing numbers had been increased by one to support this. This meant there was a clear approach to ensure there were sufficient staff to support people's needs.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Good

Is the service effective?

Our findings

People received support from staff that had been trained to do their job. One staff member we spoke with told us, "You are learning every day, and the system supports your training." Staff were able to explain about training they had received. For example on staff member had receive training in end of life care. We saw they had used the information to check the systems they held for people at the home were in line with current practices and ensure the correct support was available. These involved appropriate plans, individual's wishes and the involvement of the people that were important in their lives. A nurse told us how they had undertaken training to take blood samples and provide catheter care. They said, "There is so much training, its fantastic." We saw when training had been completed there was a system to ensure staffs understanding and competency was assessed. One staff member said, "I was observed several times doing the task before I was signed off as competent." This demonstrated staff received training to support their role.

When staff were new to the home they received a planned induction. One staff member told us, "I had supernumerary days with experienced staff and time to read the care plans." All new staff completed the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member said, "You get support and coaching through the care certificate they have mentors here to help."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. We saw the least restrictive practices had been used, for example following several falls for one person, the home had purchased a low bed and sensor mats so they could be alerted quickly if the person should fall from the low bed. This decision was made following a best interest meeting as the person was unable to consent to these changes.
Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. Referrals had been made to the local authority in relation to DoLS and the manager kept a record of their progress. Staff we spoke with had an understanding of the Act and the DoLS and what that meant to people. We saw people were asked their consent before care was provided. One staff member said, "Everyone has the right to choose and make choices." We saw people were given choices and their decisions respected.

People told us they enjoyed the meals. One person said, "You have a choice, I would say I like the food nine times out of ten." Another person said, "If I don't like the food, they give me something else." We observed the midday meal; people told us they enjoyed the meal time experience. One person said "I enjoy the company and talking to other people." Staff understood people's dietary needs and these had been catered for by the cook. We spoke with the cook and saw they prepared a range of meals to suit people's dietary needs or individual's preferences. For example, one of the meal options was a pie and the cook had made gluten free pastry so people with flour intolerance could still enjoy this meal option. Other dietary needs were also catered for both to increase people's weight gain and support those wishing to lose a few pounds. We saw referrals had been made to health professionals when advice was required and this information was shared with the cook and the staff. This meant people received the support they required to ensure their nutritional needs were met.

We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. A relative said, "The staff sort everything out, they have even organised for [person who used the service] to have a new set of false teeth." Other people and relatives told us they had access to their GP and other health care professionals as required. We spoke with a health care professional who told us, "The staff here support people with their health concerns quickly. When we have asked for observations or aspects of care to be done it is always completed." We saw that any contacts with professionals had been documented and guidance clearly added to the care records and changes in care needs cascaded to the staff. This demonstrated the home supported people to maintain their health care needs.

Good

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, " "The staff look after me well. Nothing is too much trouble." A relative we spoke with said, "The staff interact well with [person who used the service]". We observed people were responded to by name and when appropriate, staff bent down to eye level to encourage conversation and understanding. There was friendly banter and moments of affection which was responded to positively by the people. One staff member said, "It's important to get to know people, I think what would my parents want their care needs to be like."

People had also been supported to regain some independence. For example one person initially required support with a hoist. As they regained some strength in their muscles they were supported to use a stand aid. A staff member said, "They maybe small things, but it's important to help people maintain aspects of their independence."

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "You can visit any time, they are always welcoming." We saw that people who mattered to the person had been included in discussions and decisions at their request. One relative said, "They keep me updated and tell me of any changes when I arrive, as I call daily."

Some people required the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that referrals had been made to obtain an advocate to support people and they visited the person to build a relationship so they could provide the support they needed.

People told us they felt their privacy and dignity was respected. One person said, "They always cover me with a blanket." A relative we spoke with said, "The staff are most respectful when they talk to [person who used the service] and others." We saw the manager held meetings to promote dignity and respect. These covered a range of areas and provided staff with information which they could discuss. One staff member said, "It's about giving people time and respecting their choices, as long as they are safe."

Good

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. We saw that the care plans covered all aspects of people's lives. A relative said, "Some of the staff here know [person who used the service] personally as they were neighbours and friends." Staff understood people needs, one staff member told us, "We complete an initial plan so that we can meet their needs, then as we can, build up the details as we get to know them."

One staff member told us, "Since we had some training on care planning we have been writing more in-depth plans. It's good as they cover people's backgrounds and the little things that are people's preferences." People that were important to them had been involved in their care. One relative said, "They call me in for meetings and ask me details to support the care plans."

The staff completed a daily worksheet which covered any changes which occurred with people and any actions required by the next staff member who was working. Staff we spoke with was able to provide us with current details of changes and any incidents which had occurred. For example, one person had fallen and received medical support, the staff knew about the incident and the additional aspects of care the person required to ensure they remained safe. This ensured that people received continuous care as their needs changed.

People were encouraged to be independent and had choices about how they filled their time.
A relative said, "They take [person who used the service] to the library, they have gone today." Another relative said, "There are three or four churches who come here and each give a service."

People told us they enjoyed the activities on offer. One person said, "I take part in some of the things like bingo and cards." A relative we spoke with said, "[Name] does keep fit and does other things." Another relative said, "Staff take them out sometimes and they like the quizzes." We saw there was a programme of activities available and individual sessions were also available. The activities coordinator told us, "I want to ensure people get the best out of life, while they are here." They added, "We try to accommodate people's different needs, history, music or local information."

We saw there was a link to the local community. People had bus passes and were encouraged to use local services. For example, some people attended a class on a Friday, practicing curling. One person said, "Its good, you get to know people and it's a change of scene."

The home had linked in with a local project which offered funding for events to support people over 55 within the local area. The home was supported by the Royal Voluntary Service, with their application to purchase Ukuleles and to obtain professional instruction. We saw a poster inviting people from the community to join the home to receive instruction on how to play the Ukulele. One relative told us, "They have been learning to play the ukulele, they have really enjoyed that."

A volunteer supported the home with their activities. They told us, "I enjoy supporting the activities and

giving something back." They had not received any formal training, however said, "The staff are great, they tell me what I can and cannot do." We saw the volunteer had been entered into the provider's annual awards and had received recognition for the time and commitment they had made to the home.

People felt able to raise any concerns. One person said, "I have never complained, but if needed I would speak to a member of staff." A relative we spoke with said, "I did get a positive response regarding a problem I raised." We saw there was a complaints procedure in place; and any complaints received had been responded to in line with the policy. The manager audited the complaints monthly to reflect on any reoccurring concerns. This meant people could raise concerns and be confident they would be listen to.

Good

Is the service well-led?

Our findings

People told us they felt there was a relaxed atmosphere at the home. One person said, "I am comfortable with everyone and everything here." A relative said, "I couldn't settle if they weren't settled." Another relative said, "There is a good atmosphere here."

People and relatives also felt the manager was available and approachable. All those we spoke with were able to identify either the manager or a senior person who could respond to any concerns they wished to raise. One relative said, "When I want to speak to the manager, they have been approachable." A staff member said, "The manager is here for the people. " another staff member said, "The support here is brilliant, you only have to ask or knock on the managers door, they're very approachable."

Staff felt supported by the manager and there was a clear process in place to cascade information about the service. Staff received supervision. One staff member said, "We cover everything, training, support, if your happy etc." Other staff told us they had requested additional training and this had been provided. One staff member said, "I am going on the regional training for dementia and then I will cascade it to the staff team, I am really looking forward to that." Other staff had been on 'Front of house' training which supported them in responding to everyone as a customer.

The deputy manager felt supported by the provider. They told us, "I feel support by the team of regional managers and I have received training for my role as deputy." As an organisation they had shared the learning from inspections at the provider's other homes. For example another of the provider's homes had not obtained evidence to demonstrate people who had power of attorney were authorised to do so.This information was cascaded across the organisation and measures put in place to ensure all homes addressed this area.

We found that systems were in place to monitor the quality of the service. Audits had been completed in relation to accidents and incidents and actions had been taken to reduce any future risks. These had included the introduction of different equipment or additional risk assessments.

An audit was completed weekly in relation to people's weight. This was done to ensure that any fluctuation in weight was picked up quickly and action taken to support people. However it came to the attention of the deputy that people were not being weighed using the correct guidance from the dietician. Staff received training in the use of the scales and the guidance to avoid any ongoing discrepancies. This demonstrated that the provider used the audits to monitor people's health and when an error occurred they took action to correct it.

The provider had asked for feedback from the people who use the service and relatives. We saw that the provider held meetings for relatives. One relative said, "We had one about three weeks ago and everything was talked about." One of the items raised at the meeting related to more amenities for people. We saw a piano and a fish tank had been purchased. A relative told us , "There is an I pad in reception, so you can comment anytime.". Another relative said, "They ask all the time verbally and [Name] is asked every few

weeks." We saw a 'You said, we did' board was displayed in the reception so people could see that they had been listened to.

The manager understood their role within the service and ensured we were notified of any incidents which occurred at the home in relation to the regulations and their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website