

Speciality Care (REIT Homes) Limited

Tall Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tall Oaks Care Home is a care home providing personal and nursing care to up to 55 people. The home was split between two floors, each with their own communal facilities, although downstairs had a larger space. The service provides support to older people who may be living with dementia or have a physical disability. At the time of our inspection there were 44 people using the service.

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

Generally, risks to people were assessed and planned for, however one person had a missing care plan for their health condition and prompt action was not evident for one person who was not always regularly going to the toilet, which could have put their health at risk. Despite this, people told us they felt safe. People were supported to reduce their risk of choking and other risks had been assessed. Lessons had been learned when things had gone wrong. Accidents and incidents had been reviewed. Oral medicines were managed safely but recording for the application of topical medicines was sometimes poor. Some 'when required' medicines needed more detailed guidance, which was put in place following our feedback. There were enough staff to support people and checks were made on their suitability to work in the service. One employee needed their full employment history recording. People were protected from the risk of abuse as staff understood their responsibilities and appropriate referrals were made. People were protected from the risk of cross infection and were able to have visitors as appropriate.

Quality assurance systems had failed to identify some of the concerns we found. The provider had an action plan in place which was being monitored. Notifications were submitted as necessary. Feedback about the registered manager was very positive and people, relatives and staff felt able to approach them if needed. The registered manager understood their duty of candour. People, relatives and staff were involved in the service. The service worked in partnership with other organisations.

Staff received training to be effective in their role and felt supported. The home was in the process of being refurbished, so improvements were being made, although the home was suitably adapted to cater for those living there. People were supported to have food and drinks in line with their needs and were offered choices. 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 were supported to access other health professionals when needed.

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 5 August 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, although further improvements were needed. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The inspection was also prompted in part by a notification of an incident following which a person using the service died. This incident is subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people's health conditions. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern, although some improvements were needed. Please see the safe and well-led sections of the 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

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 two Experts 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tall Oaks Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who shared their feedback with us following a visit to the home in May 2022. We also asked Healthwatch if they had any feedback to share, but they did not have anything to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including nurses, care workers and the chef. We spoke with the registered manager and regional managers. We also spoke with two professionals who were involved with the service. We made observations in communal areas of the care people received.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and some agency recruitment records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We also had a follow up video call with the registered manager following the site visit to ask follow up questions.

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
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and people were at risk of choking. This was a breach of regulation 12(1) 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, however further improvements were needed.

- Risks to people were generally assessed and planned for, however further improvements were needed.
- There was an example whereby one person had gone a long time without going to the toilet. The person was able to tell staff if they were in discomfort in relation to this issue. The person did not come to harm and this was resolved; however, staff had recorded this and noticed the length of time, but prompt action was not taken to help this get resolved. Following our feedback, the registered manager updated the person's care records to be clearer on the action staff should take in response to this concern.
- People had care plans in place about their health needs. However, one person was missing a care plan for their specific health need. Despite this missing plan, they were receiving the care and support in line with their needs and told us they were supported correctly. Staff could tell us about the person's condition and how to respond if the person became unwell. Following our feedback, this plan was put in place.
- People were supported to ensure their risk of choking was reduced. There were care plans in place about people's needs and we observed people being supported appropriately.
- Other care plans and risk assessments were in place for people, such as for those who needed support with their continence or mobility. We observed people being supported appropriately with their mobility.
- The safety of the building and equipment was checked to ensure it was safe.
- Lessons had been learned when things had gone wrong. Many improvements had been made since the last inspection to resolve concerns found in relation to people's choking risks.
- The registered manager reviewed accidents and incidents, there was an electronic system in place to help them review these and the provider could also review them to ensure appropriate action was taken.

Using medicines safely

- Medicine taken orally was managed safely, however topical medicine was not always managed safely.
- Records were poorly completed for those who had topical medicines applied, therefore we could not be sure people were always receiving this as prescribed. Despite this, we did not find anyone had come to harm as a result of this. The registered manager agreed to resolve this issue.

- 'When required' medicines had extra guidance in place to help staff know when it should be given. However, sometimes this lacked detail. We discussed this with the registered manager who took swift action to resolve this and we were provided evidence of this.
- One person took their medicines in a different way to most people due to their health condition. There was clear guidance in place about this and staff knew the correct manner to administer this.
- People were receiving their tablet medicine as prescribed; the stock levels matched records. One relative told us about medicines, "They [staff] are very thorough without a doubt."

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed following lunch time that tablecloths were not always changed, despite this being identified as required following a visit from the local Infection Control Team. The registered manager told us they had three tablecloths per table available throughout the day so they should be changed. The registered manager agreed to follow this up.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to have visitors and maintain relationships with loved ones.

Staffing and recruitment

- There were generally enough staff to support people, so they did not have to wait long for assistance.
- There was some mixed feedback, but generally people were satisfied. One relative said, "Every time we visit there seems enough staff." Another relative told us, "I know the staff are very busy, but I haven't had any issues when I visit."
- The provider had a dependency tool to calculate the number of staff needed and this was reviewed regularly. One staff member said, "I think it's enough [staff] but there can be good and bad days."
- The provider's policy stated a full employment history was needed when staff applied for a job. However, one staff member did not have a complete employment history recorded. Following our feedback, this was put in place.
- Despite this, checks were made on staff prior to them starting to ensure they were appropriate to work in the home. Staff had their references and Disclosure and Barring Service (DBS) checked. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. People were protected from abuse.
- People told us they were supported to feel safe. One person said, "I feel safe it's the attention and the care." One relative said, "My relative is safe and contented and they settled in straight away."
- A relative said, "My relative has been in other places which were unable to keep them safe, my relative is

safe here."

- Staff knew about different types of abuse, how to recognise it and their responsibility to report concerns. One staff member said, "I'd report it, I'd go straight to [registered manager]. [Registered manager] is on the ball with things."
- Records showed appropriate referrals were being made and investigations into concerns were carried out.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to be effective in their role. People told us they generally felt staff were well trained. Nurses had received training on a specific health condition. However, if nurses had joined the home since the training had been carried out, they had not yet received this additional training. The registered manager said they would look into this.
- Staff felt supported in their role. One staff member said, "[Registered manager] is very approachable. I can always speak with them about anything, they are so good."
- Staff were aware of, and had access to, an application on their phone, called an 'app', which gave them access to policies and procedures. They could also provide feedback and nominate colleagues for their good work.

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

- The home was suitably adapted to support people and equipment was available.
- Work was ongoing downstairs to create a quiet lounge, however this was not yet in use, but new furniture had been ordered. One relative also said, "The home is being refurbished and they are slowly repainting and changing the furniture from soft furnishing to more hygienic ones."
- Downstairs was a larger communal space with separate dining and lounge facilities. Whereas upstairs the communal space was much smaller. There were not enough dining table spaces to enable every person to sit at a dining room table; however, we observed people staying in their lounge seats to eat and some people remained in their rooms. We were also told people residing upstairs did also use the downstairs facilities.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People confirmed to us the staff asked their consent prior to supporting them.
- People had their decision specific capacity assessed and decisions made in people's best interest were documented, with relatives involved where possible.
- Staff understood how to support people to make choices. One staff member said, "We promote choices – [such as] what to wear and food, but limit choices so as not to overpower someone. We always ask what people want to do. We have to reword questions if someone doesn't understand; make the question small."
- Appropriate DoLS referrals were made.

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

- People were supported to have food and drinks of their choice, in line with their needs. We observed people having a range of choices for lunch and people were given their choices. One person said, "The food is good." Other comments included, "It [food] is very good, very, very good" and, "I like the food, sometimes I get a bit too much food, but I don't say no as it tastes so great."
- People who had their food modified to a different consistency had this presented in an appetising manner to encourage them to eat it.
- People had their weight monitored and their nutritional risks regularly reviewed.

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

- People had their health needs considered and reviewed.
- People told us they were supported if they became unwell. One person said, "First of all they [staff] would contact one of the nurses, they report it to them. If I get a bad headache, they get the nurse or for anything if I don't feel well. If I need to go to hospital, if I have a fall, they send me to get me checked out."
- Relatives felt they were kept informed about people's needs. One relative said, "They [staff] notify us straight away after [my relative] had a couple of falls. They tell us when they have done the observations and how they are doing." Another relative commented, "When [my relative] has had a fall they have always got a doctor to see them."
- People had access to a range of other health professionals. For example, GPs, opticians, tissue viability nurses and staff liaised with GPs and diabetic nurses to ensure people were supported correctly with their condition. There was a regular review involving the GP surgery.

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

At our last inspection the provider had failed to have fully effective systems in place to monitor the quality and safety of care provided. This was a breach of regulation 17(2) 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 17, however further improvements were needed.

- We observed people were supported appropriately and overall had correct plans in place; however, a monthly audit had incorrectly noted the consistency of food one person needed. This meant the audit was not fully effective.
- One person had a missing care plan for their health condition. Whilst the person was being supported for their health condition, and plans were in place for other people, this was still missing for one person. A plan was put in place following our feedback, but a previous concern had occurred in relation to the health condition for another person and this had not been identified.
- Other systems and audits in place had also not been fully effective. Whilst some medicines were managed safely, topical medicines were poorly recorded, and this had not been identified.
- One person had also not been to the toilet regularly and whilst this was recorded and identified, processes had failed to take timely action to resolve this.
- Other systems in place were effective, such as building safety checks. The registered manager had been covering multiple roles in the home whilst recruitment was ongoing for the role of deputy manager and administrator. The deputy manager started at the time of the inspection so would allow more time for checks to be carried out.
- There was an action plan in place to monitor progress and improve the service; this was honest in that it recorded when things had not progressed, as well as when they had. There were also regular manager's meeting to discuss the home.
- Notifications were submitted as necessary and the previous inspection rating was being displayed as required.

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

- People and relatives told us they felt able to openly speak with the registered manager and felt positively about their experience in the home.
- One person said "It is like a family, like my home. I came in here as I was falling over all the time, I came in here and I made a home and got my life back." Another person said, "Absolutely [approachable]. [Registered manager] comes in here and has a sit down with me for a chat."
- One relative said, "The [registered] manager is very friendly." Another relative said, "[The registered manager is] very positive, they were one of the main reasons we felt confident to put [our relative] in the care home." Another relative told us, "They [staff] do a fantastic job, it's really good care home."
- Staff felt positive about the management team and colleagues. One staff member said, "Everyone is really easy going, [registered manager] has done a lot of good since they have been here. [Registered manager's] door is always open, and they always have time [for staff]." Another staff member said, "If we need to we can go to the [registered] 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 registered manager was clear about their responsibility when something goes wrong. The registered manager said, "If there is an incident and something has happened, we need to report it. If it was our fault, we make sure we are open, honest by reporting it and holding our hands up and learning from it."
- The registered manager monitored incidents and investigated further when necessary. One relative raised concern with us during the inspection. We reported this to the registered manager and the local authority. The registered manager investigated the concerns and provided a written response to the relative.

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

- People were supported with their equality characteristics. Some people chose to practice a religion. There were regular services arranged that people could attend and we were told these were popular events.
- Staff told us they felt involved by the registered manager and felt they were asked for their opinion.
- One staff member said, "[Registered manager] does try to get our opinion. It's good they include us." Another staff member said, "[Registered manager] is nice, they'll listen to you."
- There were regular meetings for people and relatives. People were able to discuss activities and what they liked doing in the home. There was also a newsletter sent to relatives.

Working in partnership with others

- The registered manager and staff worked in partnership with other organisations. The registered manager was open to feedback and responsive when necessary.