

Downing (Pirbright Road) Limited

Tall Oaks

Inspection report

5 Pirbright Road
Farnborough
Hampshire
GU14 7AB

Tel: 01252378459

Website: www.downingcare.co.uk

Date of inspection visit:
15 June 2021

Date of publication:
12 July 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tall Oaks is a residential care home providing personal and nursing care to six people at the time of the inspection who were all living with a learning disability and/or autism.

The service is a chalet bungalow with four bedrooms downstairs and two bedrooms upstairs, there is a lift. The bedrooms each have an ensuite bathroom and there is a communal lounge/dining room and kitchen. There is an enclosed garden with a patio which is wheelchair accessible.

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

People told us they liked where they lived and they were well cared for. Relatives told us they had a good relationship with staff who they trusted to care for their loved ones. They felt staff had 'pulled out all the stops during Covid.'

People were protected from avoidable harm and abuse. Processes were in place to keep them and their belongings safe. Staff reported any incidents which were reviewed to identify any actions required. Potential risks to people had been assessed and measures were in place to manage them. There were sufficient numbers of suitable staff rostered. People's medicines were managed safely. Processes were in place to protect people from the risks of acquiring an infection, including the COVID-19 pandemic.

People's needs were assessed, and the delivery of their care reflected national guidance. People were supported by appropriately trained staff. Staff supported people to eat and drink according to their needs. Staff worked both with and across organisations to ensure people received effective care and their health needs were met. People's needs were met by the design of the service, which was accessible for people who used wheelchairs.

People received personalised care which was responsive to their needs. People were provided with information in a format suitable for their needs. Staff ensured people had sufficient opportunities for stimulation, including regular contact with their families. Processes were in place to enable people or their representatives to raise any issues. Staff had access to relevant policies and guidance for when people required end of life care.

The manager understood the challenges facing the service and was taking relevant actions to ensure these were addressed. The manager monitored the culture and quality of the service. Processes were in place to assess the quality of the service provided and to identify potential areas for improvement.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The service was located within a residential community and people told us they had ready access to local shops and amenities. The service blended in with the neighbouring properties and there were no obvious signs or indications it was a care home. People's bedrooms were decorated and personalised to their tastes.

Right care:

- People received personalised care which reflected their care needs, routines and preferences.

Right culture:

- The provider and manager promoted a culture focused on meeting people's needs and promoted open and honest communications with people and their families.

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 requires improvement (published 31 July 2019). There was one breach of regulation, good governance.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

Good 

Tall Oaks

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 completed by one inspector.

Service and service type

Tall Oaks 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 did not have a manager registered with the Care Quality Commission. A registered manager 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 service did have a manager who had submitted their application to become the registered manager to CQC, this was being processed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided, the manager, the deputy manager and the operations manager. The other four people living at the service were not able to give us verbal feedback about their care. To help understand their experiences, we spent time in the communal areas observing staff's interactions with people and the care provided.

After the inspection

Following the inspection we spoke with five relatives. We either spoke with or received written feedback on the service from a further five day and night care staff and maintenance staff. We also received written feedback on the service from one professional.

We reviewed a range of records. These included two people's care records and 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.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's commitment to protecting people from the risk of abuse and to protect them from discrimination and uphold their civil rights, was outlined in their statement of purpose and policies. A person told us processes were in place to ensure their finances were kept safe. Relatives confirmed they felt their loved ones were safe. The manager was the safeguarding lead for the service and had made appropriate safeguarding referrals to the local authority when required.
- Staff understood their role and responsibility in relation to safeguarding. Staff had either completed or been allocated to complete the provider's on-line safeguarding training. They understood the potential types of abuse, who to report issues to and how. Staff knew how to whistleblow if they had concerns about people's safety and had access to relevant guidance. Processes were in place to ensure staff monitored people's skin for any signs of damage which was recorded and reported. Staff told us they were able to access the provider's policies including for safeguarding, on their phones, via an 'app.' This ensured they had ready access to guidance, including contact numbers for safeguarding referrals.

Assessing risk, safety monitoring and management

- Potential risks to people had been comprehensively assessed by staff. People's risk assessments noted if the risk had been discussed with them and what they could do for themselves to manage the risk. Staff were required to read people's care plans and risk assessments to ensure they understood them. People and relatives confirmed staff understood any risks and how they were to be managed.
- Where people required specialist equipment to manage specific risks to them such as from pressure ulcers, or hoists to transfer them, we saw this equipment was in place. There were processes to ensure safety checks on equipment were completed. Staff had completed online moving and handling training or were to attend this training face to face.
- People where required had detailed behavioural management plans. These described what behaviours people exhibited and why, and provided staff with guidance about how to support the person effectively. This included their tone of voice, use of language, distraction, environment and calming techniques.
- The provider ensured relevant safety checks had been completed in relation to gas, fire, water and electrical safety. The 2020 fire risk assessment had identified issues which required action and these had either been arranged or completed. There was a senior member of staff on-call daily in the event of an emergency and an emergency plan was in place for staff's guidance.

Staffing and recruitment

- The provider's statement of purpose outlined the minimum staffing levels for the service and staffing rosters showed the number of staff rostered met or exceeded these levels. Overall feedback from staff about staffing levels was positive. There was some staff feedback that last minute staff sickness could be difficult to

cover. The manager told us in these situations, they asked other staff to cover, or covered the shift themselves. There were always enough staff to provide people's care safely. A person confirmed, "There are always enough staff." Staff shifts were planned and led by senior care staff, this ensured staff had support and guidance available.

- Until recently, there was no use of agency staff. However, due to some staff leaving this year and staff sickness, agency staff had been booked. The manager had been actively recruiting new staff to replace those who had left. There were sufficient, consistent staff for people.
- The manager had recruited the new staff required and told us the service was now slightly over staffed. The relevant pre-employment checks had been completed to ensure their suitability for their role.

Using medicines safely

- People received their medicines from trained staff whose competency to administer their medicines had been assessed. Staff had access to relevant guidance about the administration of people's medicines.
- People's medicines were stored securely and safely. The manager had changed the medicines administration process to reduce the risk of errors. The deputy manager was the medicines lead and ensured people's medicines were ordered and audited.
- Staff's administration of people's medicines was documented on their medicine administration record (MAR). Staff checked people's MAR records for completeness each shift. We identified one medicine records issue where staff had administered the person's medicine correctly, but the written instructions on their MAR were not correct. We brought this to the manager's attention, who immediately addressed the issue. The provider was in the process of transferring from a paper-based MAR to an electronic system, which will reduce the risk of such errors.
- The manager told us no-one received their medicines covertly, without their knowledge. The provider's medicines policy referenced best practice guidance in relation to ensuring people were not inappropriately prescribed medicines as a method of controlling their behaviours.

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 meeting shielding and social distancing rules.
- 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.

Learning lessons when things go wrong

- The staff induction programme covered staff's responsibility to raise concerns and how, staff understood what to report. Staff documented any incidents on the electronic records system. The manager then reviewed these to identify any trends or if further action was required.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's care needs had been assessed in relation to all aspects of their care and detailed their personal preferences. People and their relatives told us they received good care which met their assessed needs. The provider used an external company to provide their policy documents. These reflected current legislation and national guidance.
- The provider had processes in place to ensure people were not discriminated against. Staff received training in areas such as equality, diversity and inclusion, and dignity in care. People had COVID-19 hospital passports, in case they were admitted to hospital during the pandemic, these highlighted their human rights.

Staff support: induction, training, skills and experience

- Staff including agency staff, received a thorough induction to their role. New staff had the opportunity to shadow more experienced staff during their induction. A staff member told us, "New staff shadow other staff to see how they interact and learn key words and triggers for people." Staff told us they received training, competency assessments and supervisions. Staff completed the social care industry standard induction, the 'Care Certificate.' Staff also completed training relevant to the needs of the they people cared for, in areas such as learning disability, autism, communication and behaviours which challenged. Staff were also supported to undertake professional qualifications in social care, to support their development. People were supported by appropriately trained staff.
- Staff had not all completed all of their allocated on-line training during the pandemic. The manager was aware of this issue and was supporting staff to prioritise and complete their outstanding training. Staff had also started to complete face to face training sessions again, in practical courses such as moving and handling, and fire safety.

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

- People were involved in making decisions about what they wanted to eat and drink, their care plans noted their food likes and dislikes. Staff supported people on a weekly basis to make a meal plan. Staff used pictures of different meals with people where required to enable them to choose what they wanted to eat.
- Staff supported people to have a balanced diet that promoted healthy eating, through discussions about the benefits and risks, whilst balancing this against people's right to choose. People ate their meals when they wanted to and were not rushed. Staff showed people the choices for their breakfast or supported them to prepare their own. Staff ensured people had the equipment they required to eat their meal.
- The risks to people with complex needs in relation to eating and drinking had been assessed by

professionals where relevant. Plans and guidance were in place to manage identified risks to individuals. Staff had either completed basic lifesaving guidance or were booked to attend this training.

- The service also had an airway clearance device, known as a 'de-choker' for potential use in a choking emergency. The majority of staff had not yet completed the on-line training in its use, so they could not use it, nor was there a policy or risk assessment. We brought this to the attention of the provider, who immediately removed the item, whilst they completed further research on its use.

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

- People's health care needs, including their oral health, were reflected in their care plans.
- Staff had received training in relevant areas such as epilepsy and continence management. They ensured people were able to access healthcare in a timely manner. The manager told us, following nutrition training provided by the local clinical commissioning group, they had liaised directly with the dietetics service about a person's needs. Staff had also signed up for RESTORE2 training to enable them to monitor people's 'soft' signs of deterioration and to understand when to escalate concerns. A professional fed back that staff followed their guidance in relation to any health issues.
- Staff ensured people received person centred care and support when they transferred between services. People had hospital passports in place to inform services of people's support and communication needs. One person's needs had changed and their relative told us, "They [staff] have worked well with other services. They have persisted to ensure [person's] needs are met."

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

- People were consulted about and involved in making decisions about their environment. A person told us they liked the bird feeders in the garden, one was being purchased for outside their bedroom. Another person had new furniture being ordered for their bedroom.
- People's bedrooms were adapted to meet their needs. People had ceiling hoists where required, to enable them to transfer safely. People were able to access a wheelchair accessible worktop in the kitchen to enable them to cook or prepare a drink.
- The provider had made improvements to the communal areas of the home for people. The lounge had been re-decorated and new furniture had been ordered. A patio had been laid in the garden, which had created easier access, especially for people who used a wheelchair. A summerhouse had been installed which people were able to use both as a visiting pod during the pandemic and as an additional space to spend time. There were new raised vegetable planters in the garden, for people to use.

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.

- People who lived at the service were all either subject to DoLS or an application had been submitted. Staff spoken with told us they had completed MCA training and they understood the principles of the MCA. Staff supported people to make decisions wherever possible. Where people could not make decisions about their care there was evidence to demonstrate MCA assessments and best interest decisions had been completed.

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 requires improvement. At this inspection this key question has now improved to good. 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 had care plans which demonstrated how their physical, mental, emotional and social care needs were to be met. A relative confirmed, "I have been fully involved in the care planning." Staff were knowledgeable about people's care needs and preferences. A relative said, "They [staff] know [person] and they know [person's] quirks and complaints and what [person] likes and dislikes."
- People's care plans reflected their strengths, interests, what they did not like, personal routines and levels of independence. They documented what was important to the person, for example, religion and how this need was met. A relative told us how their loved one enjoyed attending the online church services during the pandemic.
- Staff understood the importance of promoting people's right to independence. We observed staff support a person to make their own breakfast. One person had a sight impairment, so the musical instruments they enjoyed were displayed in a manner they could easily access them.

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.

- People's communication needs were documented within their care plans. Staff had a good understanding of each person's communication needs and methods. Information was provided for people in an easy read and pictorial format. The manager told us staff also used 'objects of reference,' which is where an item is used to represent a person, activity or event, to support communication. A staff member told us how to support a person with impaired sight to make a purchase, they had printed off large scale copies of the options, to enable them to see them more clearly and to make their choice.
- One person benefited from social stories to understand significant events in their life. Staff worked with the person's relative who had expertise in this area. They produced social stories which the staff then read with the person, this enabled them to cope with changes.

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 told us prior to the pandemic, they had lived active lives within their local community and enjoyed going into town, bowling, going to the cinema and church. People had also attended day services and college courses. People told us the pandemic was frustrating, but how staff worked with them to make a

plan of what they each wanted to do that week.

- Staff supported people to put their ideas into practice. They supported people to do a range of home and garden-based activities, such as cooking, games, arts and crafts, walks and drives. They also supported people to participate in on-line groups such as music therapy and groups run by day services. Staff had also run 'theme' nights for people based on different cultures, a 'pub' lunch in the garden and were also planning a summer festival.
- People had access to multi-sensory equipment to stimulate or calm them as required. These included items such as a, 'bubble tube' with fibre optic lights, an interactive sensory system which had games for people and animatronic cats to interact with.
- Staff supported people to maintain regular contact with their families throughout the pandemic. They enabled them to participate in significant family events via video calls and ensured people had physical visits once permitted.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in an easy read format. The provider's statement of purpose outlined the complaints process and how any complaints received would be responded to. People were asked at their residents' meetings if they were satisfied with the service or wished to raise any issues. Staff learnt about complaints and their role in relation to complaints during their induction. No complaints had been received.

End of life care and support

- No-one using the service required an end of life care plan at the time of the inspection, although this was an item which was considered in people's care plans and staff's induction to the service.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to operate effective systems to ensure compliance with the regulations. This was a breach of regulation 17 (Good governance) 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.

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

- Since the previous inspection in 2019, there had been a change in the management of the service. A new manager had joined the service earlier in 2021. They have submitted an application to CQC to become the registered manager for the service and this application is being processed.
- Processes and systems were in place to monitor the quality of the service provided and ensure people received person-centred care. People's care plans were reviewed monthly to ensure they remained up to date, the manager also monitored them.
- The manager informed us due to the pandemic, people had not had the annual reviews of their care with commissioners which normally took place. However, relatives told us they had regular discussions with staff. One relative told us, "The communications I have with the staff are excellent."
- The manager through their monitoring had identified issues related to the standard of staff's record keeping and the completion of people's medicine administration records (MAR). They had ensured these issues were addressed at staff meetings. The planned introduction of the electronic MAR will further improve the safety of the medicine records system for people.
- Processes were in place to ensure staff's performance was monitored and they were supported in their role, through practical competency assessments, training and one to one supervisions.
- The manager had a good understanding of the current challenges to the service, such as ensuring staff caught up on the training they had missed during the pandemic. They had taken action to ensure staff's training was prioritised, to ensure they updated their most important training first.

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

- The provider's aims, objectives and philosophy of care were contained within their statement of purpose and the staff handbook. Staff understood the provider's values which they applied in their work with people.

- People and relatives were positive about the management of the service and the quality of care provided. Their feedback included, "She [manager] is amazing," and "They [staff] provide exactly the same care I provided at home."
- Staff feedback about team morale was slightly mixed, most staff were positive, but some said it was a bit low due to recent staff sickness and the pressures of the pandemic. The manager and provider were both fully aware of these issues and had taken action to ensure staff vacancies had been filled. Agency staff had been provided whilst new staff were recruited and inducted, staff sickness was managed and staff supervisions had taken place.
- Staff were supported with their professional development and there were opportunities within the service for staff to progress their career.
- The manager had the skills, knowledge and experience required to lead the team effectively. The deputy manager had recently attended a course for managers with the provider's support, which included the culture of services.

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 manager had a good understanding of their legal duties and responsibilities. Relatives told us, "if something happened they would let me know."

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

- People felt they could raise any issues and express their views on the service as they wished. A person said, "I can go straight to her [manager] and speak with her." They also told us they felt able to express their views at residents' meetings and that people had been consulted about decisions which impacted them, such as new staff or new people being admitted to the service. Records showed during residents' meetings, staff used their knowledge of each person's communication methods to engage them in the discussions and decisions made.
- Relatives told us they had regular open communication with staff. They felt they could provide any feedback they wished. Staff's feedback was sought through meetings, supervisions and the daily shift handovers. The manager also told us a survey had been sent to staff during the pandemic, to check upon their mental health and actions had been taken in response to the feedback received.

Continuous learning and improving care

- Processes and audits were in place to assess and monitor the quality of the service. The manager ensured aspects of the service such as infection control, medicines and people's finances were audited. In addition to the other checks completed on people's MARs, care plans and safety. The provider had recently invested in an external policy resource, to ensure policies were regularly updated. This resource included a new medicines audit which the provider was introducing. An audit of the environment had been completed and various areas identified for improvement. This had resulted in the environmental improvements we saw.
- The manager was well supported in their role by both the operations manager and the nominated individual, both of whom visited the service regularly. The operations manager had not completed their annual service audit in 2020 due to the pandemic but was about to complete this year's annual audit.
- The manager had visited one of the provider's other homes where the electronic MAR system was already in place, to see it being used and to enable them to assess whether it was suitable for Tall Oaks.

Working in partnership with others

- The service worked openly and honestly with key organisations to support the delivery of people's care. Professionals told us they engaged well with training opportunities and escalated issues appropriately. A

relative told us how staff had, "worked well with other services" to ensure their loved ones needs were met.