

Caring Homes Healthcare Group Limited

Tall Trees

Inspection report

Burford Road
Shipton Under Wychwood
Chipping Norton
Oxfordshire
OX7 6DB

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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

About the service: Tall Trees is a care home providing personal and nursing care for up to 60 people. On the day of our inspection there were 60 people using the service.

People's experience of using this service:

People felt safe because of the quality of the care and support they experienced. There were enough staff. Staff were attentive to people's needs and responded quickly when people needed assistance. People knew how to raise any concerns about their safety.

Staff had received training in safeguarding and knew how to identify and report any concerns. Medicines were managed safely by staff who had been trained and assessed as competent to do so. The home was clean, odour free, with effective cleaning and infection control processes in place. Staff were recruited safely.

People liked the way the home was decorated. People could bring their own furniture and furnishings. Their rooms were decorated to their taste. We saw that the home was well-maintained.

People received effective care from a staff team who received appropriate training, ongoing supervision and support. An admission assessment had been completed for each person to ensure the home could meet their needs and for people were encouraged to discuss the care and supported they wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There were mixed but mostly positive opinions about the quality of meals provided. We found that people requiring a modified diet received it in line with professional guidance. Staff made sure people saw their GPs and other healthcare professionals when they needed to.

People and their relatives told us staff were kind, caring and treated them with dignity and respect. People had developed positive relationships with the staff, who had taken time to get to know people, their likes dislikes and interests. People and their relatives were encouraged and supported to express their views and were involved in the running of the home.

Staff supported people in a responsive way. Care plans were in place which explained how people wanted to be cared for. These were reviewed regularly to reflect people's changing needs and wishes. The home had an effective complaints procedure, which people were aware of, though very few had needed to use it. Where people had chosen to discuss their end of life wishes, these were captured. The number of activities offered to people dropped down after the activities co-ordinator reduced their hours. The manager was aware of the need for improvement in activities and was actively recruiting a new activities co-ordinator.

The home was well-led and managed. The service was led by a manager who was in the process of submitting their application to register with the Care Quality Commission (CQC). People, their relatives and staff spoke positively about the manager and the deputy manager who were reported to be friendly,

approachable and willing to listen. A range of audits and quality monitoring were completed to ensure the standard of care was maintained and any issues identified and addressed. Action plans had been generated and completed to promote continuous employment.

The home met the characteristics for a rating of 'good' in all key questions.

Rating at last inspection: Good (published 28 April 2017).

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Tall Trees

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors, an inspection manager and two experts-by-experience (ExE). 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 Trees is a care home. People in care homes receive accommodation and nursing or personal care. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no 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. The service was run by a manager who was going to apply to register with the Care Quality Commission (CQC).

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

During the inspection we spoke with 19 people living at the service and 10 visiting relatives. We also spoke with the manager, the deputy manager and eight staff members, which included health care assistants, registered nurses, a senior health carer and the chef. We made observations of how staff supported people.

We reviewed six people's care plans, four staff personnel files, seven medicine administration records (MAR) and other records relating to the management of the service and care provided to people living there.

After the inspection we requested further information from the manager and the provider. We received the requested documents in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had a good understanding of safeguarding. They had been provided with up-to-date safeguarding training and were able to tell us how they would recognise abuse and where they would report allegations and incidents of abuse.
- People and their relatives told us they felt safe and supported by members of staff. One person told us, "I feel very safe living here". One person's relative told us, "Mum is clearly safe living here".
- Information about safeguarding was located in the home to ensure anyone who had concerns knew how to report concerns.

Assessing risk, safety monitoring and management

- People's risks were managed appropriately. Risk assessments were in place in people's care files. They contained detailed plans and there was evidence they were reviewed regularly to ensure they accurately reflected risks to each person.
- People were kept safe in case of emergencies, such as fire. Staff had completed fire training and regular fire evacuation drills took place. Each person had an individual personal evacuation plan to ensure their needs were understood and could be met in an emergency.
- The environment and equipment used were assessed for safety.

Staffing and recruitment

- The provider operated a safe recruitment process. The registered manager had introduced audits of all recruitment files to ensure all the necessary checks were in place before staff began working in the service.
- People's needs were met by sufficient numbers of staff. At the time of our inspection many of the people living at Tall Trees needed support of two staff members and some required constant one-to-one care. There were mixed views from staff about staffing levels. One member of staff told us that there were enough of them, however, another one said, "Sometimes there are not enough staff to meet people's changing needs". Staff felt they were able to meet people's needs. However, some of them said that time constraints resulted in fewer opportunities to spend meaningful time with people and engage with them for as long as they would like. On the day of the inspection we observed that sufficient numbers of staff were dispatched to meet people's needs safely. Staff were not rushed and had time to stop and interact with people. We checked staffing rotas for the last eight weeks which confirmed that staffing levels were safe.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what

signs to look for that would indicate the medicine may be required.

Preventing and controlling infection

- Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection. Clinical waste was stored appropriately.
- Staff had the right equipment for cleaning. For example, colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff told us and records confirmed that staff meetings were held every day at 14:30, at which staff were able to discuss any concerns or recent incidents or accidents. As a result, learning could be shared and measures taken to prevent similar occurrences. For example, we were told about one person who had been found to be more prone to the risk of falls at a certain time of the day. Actions taken on this basis had resulted in an increase in staff support at that time and a reduction in falls for the person.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection. Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate.
- People's rights to make their own decisions were respected and people were in control of their support. One member of staff told us, "We respect people and try to support them to make their own choices where they can".

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

- People's needs were assessed prior to admission to ensure their needs could be safely and effectively met at Tall Trees.
- Assessments covered people's health and social care needs, as well as their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

Staff support: induction, training, skills and experience

- People were supported by well trained staff. All staff completed a six month induction programme when they first started work in the care home. Staff told us that they had the necessary training to support people effectively. The deputy manager told us, "If someone has a specialised need, we make sure the staff are trained to support them before they are admitted". The training matrix demonstrated that staff had received

training in what the service considered as core areas, such as safeguarding adults, manual handling and handling data. Staff told us that they felt well supported.

- Staff told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns and share ideas for improvements.
- People told us that the staff understood their needs and appeared to be well trained. One person told us, "Staff do things well. I know they do loads of training and get checked up on".

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

- People and their relatives provided us with mixed but mainly positive feedback about the food provided and confirmed people received enough to eat and drink. People could request alternative meals if they changed their minds about what they had previously asked for.
- Special dietary requirements were accommodated by the service. This was confirmed by people's relatives. One person's relative told us, "My mum is a vegetarian. The chef is good and does special stuff for her. She wanted some vegetarian gravy and he made it for her".
- The home monitored people's weight with the frequency being determined by the nutritional screening tool in use.

Staff working with other agencies to provide consistent, effective, timely care

- Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.

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

- People's rooms were personalised to meet their individual preferences
- The environment within the home had been adapted to meet the needs of people who lived there. The communal areas were brightly painted, with contrasting coloured handrails, which helped ensure these could be identified.
- Accessibility was good throughout the home and people could choose to sit in quiet or more social areas. People and their relatives had access to a well maintained garden area.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, a dentist or an optician. The outcomes of these appointments were recorded and any actions needed were reflected in people's care plans. For example, one person had been referred to a Speech and Language Therapist (SALT) as they were at risk of choking. According to the assessment conducted by the therapist, the person was to be supervised when eating and offered mashed food, this was recorded in the person's care plan. We observed at lunch time that these recommendations were being followed.
- If a person's health was compromised, healthcare staff reacted quickly. They contacted out of hours GPs and called an ambulance if needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Records clearly showed that people's likes, dislikes and needs were recognised. What was important to people had been identified and staff knew people well. For example, it was mentioned in one person's care record that they were a cat lover, and we observed that the person had been given a toy cat which they enjoyed interacting with.
- People and their relatives told us staff were kind and compassionate. One person's relative told us, "The carers' patience is outstanding, they are good carers. They are patient and they find time for people".
- Relatives could visit the home at any time. This supported people to maintain contact with those who mattered to them.
- Where people were unable to verbally express their needs and choices, staff understood their way of communicating. We saw that staff used body language, eye contact and simple sign language to interpret what people needed.
- We observed staff constantly interacting with people and engaging people in meaningful conversations about their lives and experiences.

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

- Care records showed that people and/or their relatives were consulted when care plans were written.
- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in the care plans. People and relatives told us they had been consulted and involved in the care planning.
- We observed the staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations and we heard lots of laughter throughout the visit. We found there was a calm relaxed atmosphere within the home.

Respecting and promoting people's privacy, dignity and independence

- We observed staff talking with people in a respectful way and showing genuine warmth toward them.
- Staff were aware of the need for privacy and maintaining people's dignity. Staff provided personal care behind closed bedroom or bathroom doors. When speaking with staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room.
- People also told us staff promoted their independence by letting them do what they could for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people and felt their opinions were considered.
- People's preferred daily routines were set out in their care plans so staff knew how people liked their care and support delivered and when.
- Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people were supported in line with their preferences and needs.
- The number of activities offered to people dropped down after the activities co-ordinator reduced their hours. One member of staff told us "I think activities could be improved, we try our best but we are often too busy". Although the majority of people were positive about the activities, they mentioned the paucity of organized activities at Tall Trees. The manager confirmed recruitment for the activity co-ordinator post was ongoing and once filled, they hoped to get back to offering a range of daily activities.
- People and their relatives told us that people's health and well-being had improved since they had started living at the service. One person's relative told us, "It is a lovely home, I can't fault it. They wrote her off in hospital said she should be hoisted everywhere. Came into the Tall Trees on Tuesday, up walking by Saturday. They helped her, sorted physio and now she can walk with support".
- Care plans were regularly reviewed and updated.
- Staff knew how to reduce people's anxieties and acted as sounding boards for individuals to work through an idea and the potential consequences. For example, one person became anxious. A member of staff distracted the person by offering to make them a cup of tea and asking them to come and sit at a table. The member of staff told us they could identify a possible cause in that the person needed to have a snack. Once the person ate a snack and had a drink, they were calm.
- People and relatives told us care was delivered in the way people wanted and needed it. One person told us, "I am very happy with the carers and the care I receive".
- The home ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We observed that in many people's rooms there were large and often big print notices on the walls which listed people's likes and dislikes.

Improving care quality in response to complaints or concerns

- People and relatives would approach the manager if they had a complaint or a concern. Relatives told us the manager was friendly and approachable and that they were confident and comfortable about raising any concerns with them. The complaints procedure was prominently displayed in communal areas.

- We noted that the service responded quickly to concerns raised by people, relatives and other professionals. For example, when concerns had been raised about a person's risk of falls, the manager had invited the person's relatives and they discussed the falls with professionals. At the time of the inspection we saw the person had been moved to a more suitable bedroom, a falls management plan had been produced by the service and two sensor mats were in place for that person.

End of life care and support

- People were asked for their wishes and preferences about how they wanted to be cared for at the end of their lives and had advance care plans in place for this. At the time of our visit no person required end of life care.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- From our observations and speaking with staff and the acting manager it was clear that there was a positive culture at Tall Trees and staff kept the values of person centred care in mind.
- The manager and the deputy manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- The service involved people and their relatives in day-to-day discussions about people's care. One person told us, "We talk about the care I need. I am getting what I need".

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

- There was no registered manager in post. The last registered manager left on 19 October 2018. The service was led by a manager who was in the process of submitting their application to register with the Care Quality Commission (CQC).
- The manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify the CQC of incidents at the home.
- The quality, safety and effectiveness of the service provided was monitored through regular audits. Audits included areas such as medicines, care plans and Health and Safety. The acting manager had oversight of these audits to ensure they were taking place as expected. Whilst we found that some audits lacked detail around areas such as the date of completion, the manager could clearly explain the progress in each area. There was also robust quality assurance oversight by the provider including a central governance team who would undertake audits of services and support services as required. All findings of the audits were acted upon, which resulted, for example, in improved maintenance of the building.
- The majority of staff we spoke with told us they felt well supported by the management, however some said that they did not feel listened to at times. It was acknowledged by all that as the home had experienced a recent change in the management, there was a period of adjustment which was unavoidable.

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

- Annual surveys were sent out to people, stakeholders and people's relatives to gain their feedback. The feedback seen from 2018 was mainly positive. We also saw evidence that any concerns raised were actioned.
- The manager and staff sought people's views about people's care and support. Residents and relative's meetings were used to seek people's feedback which had been acted upon.

- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care

- The registered manager and the provider were aware of their responsibility regarding the duty of candour. The duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Staff told us, and records confirmed, that they were encouraged to share their improvement ideas. For example, a member of staff had suggested a particular type of window vacuum was needed to help ensure windows were kept clean, another member of staff had requested that all new admissions have their clothes labelled to reduce the chance of them going astray. These suggestions had been acted upon.
- An annual Clinical Governance report was produced for the service which detailed and highlighted the themes and trends for areas such as accident and incidents, falls and pressure sores. In the latest report (February 2018 to February 2019) we could see there had started to be a reduction in numbers for most areas, however there was no analysis in the report as to how this had been achieved.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.
- People, relatives and visiting professionals completed a survey of their views and their opinions and findings were used to continuously improve the service.