

Caring Homes Healthcare Group Limited

Tall Trees

Inspection report

Burford Road
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Oxfordshire
OX7 6DB

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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 Trees is a care home providing personal and nursing care for up to 60 people. On the day of our inspection there were 34 people using the service.

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

There were inconsistent recording systems to evidence that people received their painkillers when required.

Medicines were administered safely, however, some medicines administered covertly were not administered in line with the best practice. Following our inspection the provider addressed the issue and contacted GP to review medicines administered covertly.

The service completed audits and checks; however, these were not always effective at identifying concerns.

People were safeguarded from the risk of suspected abuse and the provider had learnt lessons when things went wrong.

We found that people were supported by a sufficient number of safely recruited staff. Staff were responsive to people's needs.

Within the context of Covid-19 infection risk, procedures were in place to ensure infection control was managed. Staff understood their responsibilities to reduce the risk of spread of infection.

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.

The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs.

Staff felt encouraged to approach the manager who promoted a culture of openness and transparency within the service. The manager worked alongside professionals to ensure people's health and wellbeing were maintained.

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 Good (published 3 April 2019).

Why we inspected

We received concerns in relation to the management of medicines and low staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 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. 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 task was carried out 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

This inspection was carried out by one inspector, one specialist professional advisor whose specialism was dementia care, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tall Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. The service was led by a manager who was in the process of submitting their application to register with the Care Quality Commission (CQC). 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.

Notice of inspection

This inspection was announced. However, the specific date of the inspection was not given to the provider.

What we did before the inspection

We reviewed information we had received about the service since the last 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 asked the manager to provide us with electronic copies of various records such as surveys, policies, the business continuity plan and staff meeting minutes. We obtained feedback from two healthcare professionals working with Tall Trees. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. These included care plans for four people and recruitment folders for five staff members. We checked a variety of records relating to the management of the service, including health and safety records, accidents/incidents logs and records concerning the management of medicines. We spoke to two people who used the service and seven relatives of people about their experience of the care provided.

After the inspection

We received further feedback from one relative of a person who lived at Tall Trees. We continued to seek clarification from the provider to validate the evidence found.

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

Using medicines safely

- We found a medicine administered covertly that was crushed, however, according to The National Institute for Health and Care Excellence (NICE), alternative formulations should be used by the provider. Covert administration takes place when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. The medication crushed and administered orally posed a risk of irritation. There was no information in risk assessments or care plans that reflected decisions concerning altering the medicines in any way. Following our inspection the provider addressed the issue and contacted GP to organise medicines review.
- There were pain assessment tools within the Medicines Administration Record (MAR) charts and care plans, using facial expressions, and body language. However, there was no evidence that one person had their pain assessed and this person had no record of being given analgesia.
- There were protocols in place for medicines to be administered 'when required' (PRN). Some people were prescribed laxatives to help them with bowel movement. However, records examined showed that in spite of a clear record of people not having had their bowels open for at least six days, they had not been given their laxatives.

Assessing risk, safety monitoring and management

- Several vacutainers for taking blood samples were out of date, some by two years. A vacutainer is a blood collection tube used to collect blood samples for laboratory testing. Vacutainer tubes contained additives designed to stabilize and preserve the specimen prior to analytical testing. If the additive is out of date, this could impact on the person's blood results. This means that people were at risk of having inaccurate blood test results. We raised this issue with the service during our inspection and all out of date vacutainers were removed from the service.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. However, people's PEEPs did not always match the correct room number. This meant some people were at risk of not being evacuated in case of an emergency. We raised this with the service and all PEEPs were corrected on the day of the inspection.
- People at risk of developing pressure sores had pressure relief equipment in place. However, the equipment was not always used correctly. One air mattresses setting did not match the person's weight. Although the correct weight was noted in the care plans, the weight setting specified in the air mattress monitoring form differed from the one recorded in the person's care plan. This meant the person was not always protected from the risk of developing pressure sores. We raised these issues with the service and the air mattress setting was corrected on the day of the inspection.
- Risk assessments and care plans did always identify potential risks to people. We found that people using

urinary catheters had little information in their care plans regarding the risk of urinary sepsis and the routine catheter care that reduces this. The risk of sepsis is increased each time the urine bag is emptied. Following our inspection the provider addressed the issue and added necessary information to care plans. The above mentioned issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "I feel safe." One person's relative told us, "I do consider my relative to be absolutely safe with his carers."
- Staff had received relevant training and understood their responsibilities to safeguard people and were aware of the provider's procedures. A member of staff told us, "If I see an abuse that is a safeguarding issue, I have to raise it with the manager or local authorities."
- Safeguarding alerts were raised with the local authority in a timely way when required.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet people's needs. One person told us, "Yes, there are enough of them." One person's relative told us, "There certainly seems to be enough staff. They never appear to be idle."
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.
- Staff told us that although staffing numbers were sufficient, sometimes the mix of skills needed to provide people with complex care made their work challenging. A member of staff told us, "As a registered nurse, I am facing many agency staff. The agency staff do not know people well. This is not a matter of staffing levels but the quality of staff. It becomes difficult with agency staff." Another member of staff told us, "We are short of permanent staff at the moment and that is why we have so many agency staff. They do not have time to read such massive care plans."

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.

Learning lessons when things go wrong

- A system was in place to report and investigate accidents and incidents. Relevant notifications were made

to the authorities when required.

- The manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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 'good'. At this inspection this key question has remained this same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new staff completed the provider's induction training to help them understand and settle into their new roles. However, some staff told us the induction period was not long enough for them and they did not always have time to read care plans. A member of staff told us, "I didn't have the time to read care folders." Another member of staff told us, "The induction was not enough. Even now I am still learning."
- Staff received supervision meetings and appraisals. We received mixed feedback about the support received from the management team. Staff expressed their concerns about non-consistent support from different managers, each running the service for a short period of time. A member of staff told us, "I am very disappointed with the current situation. I could have left by now but I like the residents. We are not lucky with the frequent changes within the management. Because of that not all the problems are listened to."
- Staff received on-going training to ensure they had the correct skills and knowledge to support people safely and effectively.

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

- Before people moved into the home, their individual care needs were assessed and recorded to ensure the service was able to meet these effectively and to inform initial care planning.
- 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.
- The provider followed best practice in terms of meeting people's nutritional needs. For example, in response to the new International Dysphagia Diet Standardisation Initiative (IDDSI), the provider had implemented new nutritional care assessments, updated staff and changed catering processes. The IDDSI is a global standard with terminology and definitions to describe texture modified foods and thickened fluids.

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

- People were supported by staff to eat and drink sufficiently. Any complex needs or risks associated with people's eating and drinking were assessed, with specialist advice where appropriate.
- The home monitored people's weight with the frequency being determined by the nutritional screening tool in use.
- People and their relatives provided us with positive opinion about the food offered by the service. One person told us, "Food is ok here.". One person's relative told us, "My relative eats well in the home and has not lost any weight; in fact he really likes the food they give him. They always make sure he gets something he likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's care files included details of their medical history to help staff understand people's health needs. People's care plans had been developed in relation to the management of long-term health conditions.
- The service was regularly visited by the local GP to monitor people's health. Other professionals such as speech and language therapists and tissue viability nurses also visited the service to provide additional support when needed. Information provided by healthcare professionals was incorporated into people's care plans.

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

- The home's purpose-built environment provided people with enough space to self-isolate, participate in recreational activities, eat in comfort, receive visitors or spend time alone if they chose so.
- The service was dementia-friendly. 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.

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.

- Staff received training to help them understand their role in supporting people's day-to-day decision making. We saw they sought people's consent before carrying out their care.
- Formal mental capacity assessments and best-interests decision-making had been completed in relation to significant decisions about people's care. For example, in relation to people living at the service.
- People who were subjected to DoLS had approved DoLS authorisation certificates in their files.

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 'good'. At this inspection this key question has now deteriorated to 'requires improvement'. This meant the service management and leadership were 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

- Systems were in place to assess, monitor and improve the service and reduce risks. These were mostly, but not always, effectively operated. Whilst audits and checks were made on a variety of areas relating to the care people received and the premises, audits had not identified issues related to the management of medicines.
- Records to document the care people had received were not always well-maintained. People's records sometimes lacked certain information or provided incorrect information.
- There was a lack of clear leadership structure which would aid in the smooth running of the service. Staff told us that due to very frequent changes within the management their roles and responsibilities are constantly changing. A member of staff told us, "[The manager] is the fourth manager in less than a year. It can be confusing when a new person is coming in and new things are being introduced."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.
- Feedback from people's relatives and staff about the manager was mostly positive. A member of staff told us, "[The manager] seems she knows what she is doing. She is a firm but fair manager." One person's relative told us, "The new manager is very approachable."
- Staff were positive about the service and achieved positive outcomes for people. They told us how they regarded people as part of their extended family and how their relationships with people had grown during the lockdown.

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 understood duty of candour, working openly and honestly with people when things went wrong.
- Statutory notifications had been submitted to the CQC as required. Statutory Notifications are changes,

events or incidents that providers must tell us about.

- The manager shared information appropriately with other professionals to ensure people receive the care and support they require.

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

- Records showed people were asked about their experiences of living at Tall Trees. We could see where improvement actions had been taken in response to people's feedback.
- Relatives of people living at Tall Trees told us they thought the service was well-managed. However, they expressed their concerns regarding frequent changes within the management team. One person's relative told us, "There have been several changes of the manager over the last year which is a bit worrying."
- People were supported to keep in touch with their friends and family, even though they had to adapt to new ways of keeping in touch, such as video calls.

Continuous learning and improving care

- The manager was supported by a regional manager and they were working to make the required improvements. There was a service improvement plan that was a draft record, continually updated and added to when needed.
- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service. The plan had been updated to consider the risks associated with the coronavirus.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.
- Care plans detailed any related care advice given by external health professionals. Staff we spoke with were knowledgeable about the advice given by other professionals and felt it was helpful.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure assess the risks to the health and safety of service users of receiving care or treatment. The provider failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying of the regulated activity. The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.