Caring Homes Healthcare Group Limited

Tall Trees

Inspection report

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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

The inspection was carried out on 6 and 12 April 2017 and was unannounced. Tall Trees is a care home providing personal and nursing care for up to 60 people. On the day of our inspection there were 50 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had benefitted from a stable management team who had ensured improvements were made following our inspection in February 2016. The registered manager promoted a person-centred culture and this was clear through all the interactions we saw during this inspection. There was a cheerful relaxed atmosphere throughout the inspection which demonstrated the positive relationships people had developed with staff. Staff were caring and attentive to people, valuing them as individuals.

Improvements had been made to ensure medicines were managed safely and people received their medicines as prescribed. There were sufficient staff to meet people's needs and staff were not rushed when supporting people.

People were supported by staff who understood their responsibilities to identify and report safeguarding concerns. The provider carried out appropriate recruitment checks to ensure staff were suitable to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in line with the principles of the Mental Capacity Act 2005 (MCA). Staff supported people to be involved in decisions about their care and ensured people understood the choices available to them.

People enjoyed the food and received food and drink to meet their dietary needs. The atmosphere during mealtimes was relaxed and people were supported to eat and drink at their own pace. People were supported to access support from health professionals appropriately.

Staff were supported through regular supervision and appraisals. Staff were positive about the training they received and were supported to access vocational qualifications. Staff had confidence in the management of the service and felt the registered manager was supportive.

Care plans were personalised and gave clear guidance to staff about how people wished their needs to be met. Staff were knowledgeable about people's needs and saw people as individuals. People were supported to enjoy activities both in groups and individually.

There was a complaints policy and procedure in place and people felt confident to raise any concerns with the registered manager. There were effective systems in place to monitor and improve the service which included systems to seek feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely and were administered by staff who were trained and competent.

Care plans contained risk assessments and where risks were identified there were management plans in place.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff completed training and had the skills and knowledge to meet people's needs.

People were supported in line with the principles of the MCA.

People were supported to meet their nutritional needs and received food and drink to meet specific dietary requirements.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were kind and caring in their interactions with people, relatives and each other.

People were given choices in relation to all aspects of their support needs and choices were respected.

Confidential, personal information was stored securely.

Is the service responsive?

Good

The service was responsive.

People benefitted from positive relationships with staff who treated them as individuals and knew them well.

Care plans contained detailed guidance, providing staff with information to ensure they knew how to meet people's needs.

People and relatives were confident to make complaints.

Is the service well-led?

Good

The service was well led.

The service benefitted from strong, consistent leadership that promoted a person-centred culture.

There were effective systems in place to monitor and improve the service.

The registered manager was approachable and spent time in the service with people and staff.

Tall Trees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 12 April 2017 and was unannounced.

The inspection was carried out by two inspectors 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.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We also reviewed the providers PIR (Provider Inspection Return). This contains information from the service about what they feel they are doing well and what they feel they need to improve. We also reviewed previous inspection reports and reviewed feedback from the commissioners of the service.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke with the registered manager, the regional manager, the chef, one activities coordinator, two nurses and six members of the care staff team. We looked at seven people's care records, medicines records and other records relating to the management of the service.

We observed practice throughout the inspection and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our inspection on 16 February 2016 we found medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and medicines were managed safely.

People received their medicine as prescribed and the service had systems in place to ensure the safe management of medicines. Medicine administration records (MAR) were completed accurately to confirm people had received their medicines as prescribed. Staff responsible for the administration of medicines were appropriately trained and their competency assessed.

Medicines were stored safely. Locked medicine trolleys were stored in a locked room. Temperatures of the room and medicines refrigerators were checked daily to ensure medicines were stored at the correct temperature. Where medicines were not dispensed in a monitored dosage system (MDS), dates of opening were recorded to ensure medicines were safe to administer.

Staff had a clear understanding of the importance of people receiving their medicines at the correct time. For example, one nurse told us of the importance of administering medicine at the times prescribed for people diagnosed with Parkinson's disease.

Where people were prescribed 'as required' (PRN) medicines, there were PRN protocols in place to guide staff to understand when people required the medicines. We saw staff following the guidance. For example, the nurse administering medicines approached a person, knelt down and asked them if they had any pain. The nurse gave the person time to respond and confirmed the person was pain free and did not require their PRN medicines.

Where people required their medicines to be administered covertly, there was clear guidance to show how the medicines should be administered and evidence that a best interest process had been followed. We spoke with a nurse about covert medicines who told us, "We cannot give medicines covertly unless we have talked to the GP, family and the pharmacist".

People felt safe. Comments included: "I feel safe here. They look after me well"; "The staff help me with my zimmer frame, as sometimes I am a little unsteady on my feet and I feel safe with them and the frame" and "I love it here. I feel very happy and safe". Relatives were confident people were safe. One relative told us, "I feel that my mother is very safe here. I live partly (abroad) and I would not leave her here if I did not feel that she was in good hands and I was not happy with the home".

People's care records identified when people were at risk in relation to elements of their care. Risks identified included: falls; nutrition; behaviour; pressure damage and environment. Where risks were identified there were plans in place to manage the risks. For example, one person was at high risk of falls. The care plan stated the person had a low profile bed and a sensor mat in place at night and wore hip protectors during the day to reduce the risk of damage should the person experience a fall. We saw the low

profile bed and sensor mat were in place and staff confirmed the person wore hip protectors.

Staff had completed safeguarding training and understood their responsibility to identify and report and concerns relating to abuse. Staff were aware of the outside agencies they could report to if they felt it necessary. One member of staff told us, "I can whistle blow to CQC, safeguarding or police if I had concerns and I wasn't being listened to within the organisation".

There were safeguarding policies and procedures in place. Safeguarding records showed that all concerns had been investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Call bells were answered promptly and when sensor alarms were activated staff responded immediately to ensure people were safe. Throughout the inspection we saw people's requests for support were responded to in a timely manner. Staff were not rushed and took time to sit and chat with people.

Staff told us there were enough staff. Comments included: "We always have enough staff here. That is thanks to the manager"; "The manager always fills any vacancy with agency staff. We have consistency of agency staff and most of them know the residents well"; "[Registered manager] always makes sure there is enough staff" and "Staff has recently improved a lot. There is one member of staff in the lounge at all times".

The registered manager used a dependency assessment tool to determine the staffing levels required to meet people's needs. Rotas showed that assessed staffing levels were maintained.

There were effective systems in place to monitor and maintain the safety of premises and equipment. This included monitoring of fire systems, hoists, wheelchairs and window restrictors.

Good

Is the service effective?

Our findings

Following our inspection on 16 February 2016 we made a recommendation relating to staff knowledge of the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made.

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.

Staff had completed training in MCA and had a clear understanding of their responsibilities relating to MCA and how to support people in line with the principles of the act. Staff comments included; "Mental capacity is about being capable to make decisions. We always presume capacity" and "If someone lacks capacity, we will make decisions for them in their best interest".

Care records identified where people were assessed as lacking capacity to make a decision and showed that a best interest process had been followed which included consulting with family members. For example, one person had been assessed as lacking capacity to consent to the use of a sensor mat. The person's family and staff in the home had been consulted to ensure the decision made to use the sensor mat was in the person's best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities in relation to DoLS and had made applications to the supervisory body responsible for authorising DoLS.

Staff had the skills and knowledge to meet people's needs. People told us staff knew how to support them. One person told us, "Yes, I believe that the staff know what I need. The staff make sure that I am supported into my motorised wheelchair correctly and that I have my feet up to keep me as comfy as possible".

New staff completed an induction programme and probationary period before working on their own. This included completing training and shadowing experienced staff. One member of staff told us, "I just completed my probationary period. I buddied up for four weeks". Staff were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health care workers follow in their daily working life to ensure people receive high quality care.

Staff completed a range of training and these were regularly updated to ensure staff skills and knowledge were up to date. Training included, moving and handling, infection control, safeguarding and dementia care. Staff were able to request additional training. For example, nurses had requested training in palliative medicines. We saw that some staff had completed this training and further sessions had been arranged.

Staff were supported to complete vocational qualifications in social and health care.

Staff were supported through supervisions and annual appraisals. Staff comments included; "I have supervisions and discuss my progression" and "I had my supervision not long ago and we discussed how I am managing in general". Supervision records showed that staff were encouraged to reflect on their performance and identify ways to improve.

People were positive about the food they received. Comments included: "I like all the food here. I enjoyed my porridge and had a cup of tea"; "The food is good. We have plenty of hot and cold drinks. My friends are offered tea and cake when they visit" and "I love fish and chips here".

Care plans identified people's dietary needs and we saw people received food and drink to meet their needs. For example, one person required their food to be pureed and drinks to be thickened. The care plan contained guidance from the speech and language therapist (SALT) and the person received their food in line with the guidance.

People's weight was monitored and where there were concerns about weight loss appropriate action was taken. For example, one person had a percutaneous endoscopic gastrostomy (PEG) (feeding tube placed through the abdominal wall and into the stomach) tube for food, medicines and fluids. This person had lost weight and was referred to the community nutrition and dietetics team. The person's feed regime was increased and the person maintained their weight.

Records showed that people were referred to health professionals appropriately. Care plans identified that people had been supported to access; dentists, G.P's, podiatrist, occupational therapy and SALT.

Good

Is the service caring?

Our findings

People were supported by caring staff. People's comments included: "Yes, I think they are caring. They are polite to me and my friends"; "The staff are helpful. They talk to us nicely and are friendly" and "They look after me well". Relatives were equally complimentary about the caring nature of staff. One relative told us, "They are lovely here. I was impressed when they asked whether my mother wanted a male or a female to help her wash".

People had developed positive relationships with staff. One member for staff told us, "I get to know people and understand them as individuals. That way we build relationships".

Throughout the inspection there was a cheerful relaxed atmosphere. We saw many interactions where staff were chatting and laughing with people. For example, one member of staff was chatting with a person about their love of gardening. The person was enthusiastic and clearly enjoyed the conversation.

Staff treated people with dignity and respect. One person told us, "The staff knock on our doors. They call me by my first name, which I wanted". Staff were discreet when asking people if they required support with personal care needs. Signs were placed on people's doors when they were being supported with personal care to ensure other staff did not enter.

People were encouraged to maintain their independence by staff who understood the importance of promoting independence. One member of staff told us, "We prompt people to do things they can and assist only when needed". One member of staff was sat with a person supporting them to eat their meal. The member of staff cut up the person's food and then encouraged the person to feed themselves, giving support when needed. The person told us, "The staff help me at mealtimes like this morning, as I have problems with holding my fork and knife, as my hands are very shaky and I don't want to be messy with my food".

People were involved in developing their care plans and where appropriate representatives were involved. One relative told us, ""I have been involved in my mum's care plan. They keep me informed of what is going on".

Throughout the inspection we heard staff giving people choices in relation to how they wished to spend their day and how they wanted their care needs to be met. Staff respected people's choices.

Staff told us they understood and respected confidentiality. One member of staff told us, "We keep people's records in the nurse's stations". Records were kept in key coded nurses' stations and only accessible to staff.

People and relatives were involved in decisions about end of life care and this was recorded in their care plans. For example, one person had an advance care plan and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. Staff told us they supported people through end of life. One member of staff said, "We involve palliative care nurses, GPs and families. We support the families and

they can stay as long as they want".

Good

Is the service responsive?

Our findings

People' needs were assessed before they came to live at Tall Trees using a 'Your journey into the home' document. The document captured people's life histories including past work and social life. This enabled staff to create a person centred care plan and respect people's preferences and interests. For example, one person's care plan identified they enjoyed sport. Staff used this information to engage the person in conversation.

Care plans detailed how each person's care needs were met. This included information that enabled people to maintain their independence. For example, one person's care plan identified they liked to wear make-up and enjoyed being able to apply the make-up themselves. In the person's room there was a detailed guide for the person; prompting them of the order the make up should be applied. This enabled the person to find the items and apply them. The person's relative told us, "I like the way that they have done the make-up routine for her and they come and chat to her".

Care plans were reviewed to reflect people's changing needs. Where people's needs had changed, care plans were updated to reflect the changes. For example, one person's mobility decreased and they were referred to care home support services (CHSS). The care plan was updated to include the guidance given. This ensured the person was supported to mobilise safely.

People had access to a variety of activities. During the inspection we saw people engaging in a game with balloons and planting spring flowers in pots in the garden. Care staff engaged people in activities and participated enthusiastically. For example, one person was interested in horse racing. Staff encouraged people in the communal area of the home to choose the name of a race horse from the newspaper. Later in the day we saw people and staff watching the horse race on the television. Everyone was involved and laughing as they watched the race.

People who did not enjoy group activities benefited from one to one interactions with staff. People's comments included: "I like reminiscing, because I can re-live my memories, like going on my motorbike. I like reading. It is nice to have people to chat to. Staff will talk quietly and gently and slowly and will repeat things if I do not understand it"; "Staff come and have a chat with me which I enjoy" and "I like chatting about the old times. It brings back memories and I do not feel lonely". Where people preferred to spend time in their rooms, this was respected and staff supported them in their rooms to reduce the risk of social isolation.

The provider had a complaints policy in place. People were given a service user guide which showed them how to make a complaint if they needed to. People knew how to raise concerns and felt they would be listened to. One person told us, "I know who to talk to if I had a complaint, but none needed so far". Relatives were confident to raise concerns. Comments included; "I have one or two blips in the past, but the new manager has sorted it out for us" and "I know that I could talk to the manager if I needed to".

Good

Is the service well-led?

Our findings

People were positive about the management of the service. One person told us, "I think it is well run here". A relative said, "They seem very well organised. They are always at the end of the phone".

It was clear that the manager promoted a caring, person-centred culture that respected and valued, people, relatives and staff.

Everyone we spoke with was complimentary about the registered manager. One person told us, "I think the manager is good". Comments from relatives included; "It took me a few days to find out who the manager was, on the good side, because she was working alongside the carers, rather than be in her office. So re-assuring for me" and "The new manager has made great improvements here and I am sure she will be doing more for the better".

Staff were equally positive about the manager and the impact they had on the service. Staff told us they felt supported and valued. Staff comments included: "I love the manager. The best boss I have ever had. Very supportive and always makes sure I am alright"; "I feel valued and try to do my job as best as I can. Manager thanks us for doing our jobs"; "Manager asks us for our opinions and makes us feel we are part of the team"; "Staff are better managed now. We had very good changes in the last year. We are more proactive"; "Management listens to us and are constantly looking at ways to improve staff morale and people's care" and "If I need anything I can talk to [registered manager]. She [registered manager] regularly comes onto the floor".

At our inspection in February 2016 staff were not confident about the staffing structure in the service and told us communication between nurses and staff was not always effective. At this inspection staff told us they now knew who to go to for information and communication had been improved. One member of staff told us, "We have amazing nurses. Relationships are much better now. We get all the information we need now and have a much better system for handover".

The registered manager held daily meetings with all heads of departments to discuss any issues in the service. Heads of departments cascaded information to their teams, which included any actions required. Records of the meetings showed the registered manager took the opportunity to share positive feedback at the meetings.

There were regular staff meetings to enable staff to share their opinions and ideas. One member of staff told us, "We have team meetings where we discuss how best to support staff and improve care for the people". For example, records of one meeting showed that completion of forms kept in people's rooms was discussed and staff were prompted to understand the importance of completing the forms.

There were effective systems in place to monitor and improve the quality of the service. Regular auditing was completed which included: infection control, medicine, care plans and kitchen. The regional manager completed a monthly audit of the service. Where issues were identified there was a clear action plan

detailing how improvements would be made. For example, the regional managers audit had identified that medicine administration records (MAR) were not always fully completed. The action plan stated that where gaps were identified staff responsible for the errors would complete a reflective account to consider why the error occurred. We saw this was now being completed and errors had reduced.

The registered manager reviewed and analysed all accidents and incidents to look for patterns and trends. This information was sent to head office and used to analyse information across all of the provider services.

There were systems in place to gain feedback from people and relatives about the service. For example, the registered manager had just completed an analysis of a food survey. This had resulted in an action plan which included a food tasting evening for people and their relatives where the chef could gain feedback about suggested new dishes.