Runwood Homes Limited

Tallis House

Inspection report

Neal Court
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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

This inspection took place on 4 May 2016 and 9 May 2016 and was unannounced.

Tallis House provides a service for up to 101 older people. On the day of our inspection there were 99 people living at the service.

There was a registered manager in place. 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.

People were safe as the service had comprehensive systems in place for monitoring and managing risks to promote people's health and wellbeing. There were suitable arrangements in place for medication to be stored and administered safely.

There were sufficient numbers of staff with the relevant skills and knowledge to effectively meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS

People were supported to maintain their health as they had regular access to a wide range of healthcare professionals. A choice of food and drink was available that reflected people's nutritional needs, and took into account their preferences and any health requirements.

Staff had good relationships with people and were attentive to their needs. People's privacy and dignity was respected at all times. People were treated with kindness and respect by staff who knew them well and who listened and respected their views and preferences. People were encouraged to follow their interests and were supported to keep in contact with their family and friends.

The manager promoted an open culture. Staff were clear about their roles and responsibilities and they were able to express their views. The provider and management team had robust systems in place to ensure the quality and safety of the service, learn from complaints and feedback and to drive improvements.

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

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were encouraged to follow their interests and were

supported to keep in contact with their family and friends.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and also documented people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place and people knew how to complain.

People participated in a wide range of activities. They told us they were able to make choices about how their care was delivered.

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Tallis House

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 4 May 2016 and 9 May 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist professional nurse advisor. The nursing advisor was used to check that people's health and care needs were met in a safe and effective way. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. On the 9 May 2016 one inspector returned to the service to complete the inspection.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with 10 people who lived at the service, 5 relatives, and 11 members of staff and the registered manager. We also spoke to a visiting district nurse and the community matron.

Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

We looked at documentation, including 8 people's care plans and supporting documents, such as, their health records, risk assessments, medication administration records and daily notes. We also looked at staff recruitment files and records relating to the management of the service. This included audits such as medicine administration, risk assessments, staff rotas and training records.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "It is fantastic here, I feel very safe, the security is good, I am not steady enough to go out on my own, the staff are gorgeous and have the patience of saints". Another person told us, "I've got an emergency buzzer, there it is on the bed or I can open the door, staff are always popping in and asking are you alright." One person visiting their relative at the service told us, "Buzzers seem to be answered quickly."
Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see anything unusual or of concern. Staff were able to give us examples of how they would apply this knowledge in practice. Staff were confident that the registered manager and senior staff would deal with any safeguarding issues quickly in order to keep people safe. The registered manager dealt with incidents and safeguarding concerns and sent notifications to the relevant authorities and the Commission in a timely way.

Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. One staff member told us, "[Named] is very chatty, but forgets they can't walk and will try to get up. When that happens I will try to distract them to keep them safe."
Risk assessments included areas such as moving and handling; people being at risk of falls; nutritional risks and skin integrity risk. Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. These assessments were clear and up to date and minimised the risks to people living at Tallis House. Some people had risks associated with their care and support, for example they had to rely on a hoist to move them safely. During the inspection we observed that people were supported to move safely and that they received the level of assistance that was planned for them, staff also reassured people and talked through what was happening.
We observed that regular checks had taken place to ensure equipment was being maintained, hoists used for moving people were clean and included the date last checked.

There were enough staff to meet people's needs and provide care, people told us the staff responded quickly to them when they needed assistance. One person told us, "There are enough and they are good." A relative told us, "I come every day and they could do with more staff at weekends but it has been better the last month as they seem to have more staff."

Staff we spoke with felt there were enough staff to meet people's needs. One staff member told us, "There have been problems with staff shortages, but this has improved now." Another member of staff said, "There are good days and bad days." The registered manager told us they covered for staff absence at short notice and staff confirmed they stepped in when needed. Staff and the registered manager told us that staffing levels were dependant on people's needs and that people were reassessed if their needs changed and they needed additional staffing support. The Manager told us that they had recently requested an additional staff member on the middle floor due to an increase in need and this had been authorised by the provider.
We saw that staff were available when people needed them and were able to respond to people quickly. One person told us, "If you do ring it, it is ok."

Safe and effective recruitment practices were followed which ensured that all staff employed at the service were of good character, and suitable to work in a care home environment. We saw from records that relevant checks were undertaken before a person was offered employment. These included obtaining references, ensuring that the applicant provided proof of their identity, for example a copy of their current passport and proof of their home address and that they undertook a criminal record check with the Disclosure and Barring service (DBS).

The manager had systems in place for the safe receipt, storage and administration of medicines. People's medicines were stored securely. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. People's prescribed medicines were clearly recorded in their care plans and staff demonstrated an understanding of what they had been prescribed for. We observed the care team manager administering medication, people were given a choice of drink and it was evident that the care team manager understood people's individual requirements related to how they liked their medication. For example one person received their medicine from a spoon while another person received theirs from a medication pot.

The care team manager told us that they carried out daily audits to ensure medication was accurate and records were of the required standard. They were able to tell us what the medication was for and possible side effects to look out for. Controlled drugs were kept in a locked cabinet bolted to the wall and fridge and room temperatures were completed daily. The registered manager, Deputy Manager and provider also carried out audits on medication.

People and relatives were very complimentary about the standard of cleanliness in the home. One relative told us, "The manager is brilliant and the place is very clean with no smell. Loved it the first time we visited and would like to be in the care home if unwell." Another relative said, "I love it, it is clean and bright and does not look like an old people home, staff are amazingly warm and they joke with them here, they don't ignore them." The manager showed us a detailed infection control audit that was carried out regularly to maintain these standards.

Good

Is the service effective?

Our findings

People received support from staff who had the appropriate experience, skills and knowledge to carry out their job effectively. Staff were provided with the relevant information to assist them with supporting people. One person told us, "The staff are very good, they know what they are doing." A relative told us, "Staff are very caring, fully involved in the care of residents, know what they are doing and have the right skills."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities.

Staff completed an induction programme, at the commencement of their employment at the service during which they received training relevant to their job roles. Staff were observed, and assessed regularly to make sure they were competent and continued to apply good practice when supporting people. For example when they were assisting people to take their medicines or moving and handling people. Staff received ongoing training and also regular updates including safeguarding people to make sure they were kept up to date with current practices. We saw that training included topics such as infection control, safe administration of medicines, moving and handling and dementia. Staff told us that the training they received was appropriate and helped them perform their role effectively. One staff member said, "I had an induction initially but have had plenty of training since then". Newly employed staff had a number of shifts where they shadowed to gain experience and confidence in taking on their role. Shadowing means they work with other trained staff until they are competent to work on their own.

We spoke to a visiting senior tutor from a local college who was very positive about the care at Tallis House. They told us that staff understood the key principles of dementia care such as offering choice, privacy and independence and were sensitive to people's needs. The tutor was currently supporting ten care staff with their diploma's and told us that the registered manager was very supportive.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 were being met. The staff we spoke with were aware of the MCA. One staff member said that they prompted and encouraged people to make choices and would respect their choices. Throughout our inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. Where people did not have capacity to consent verbally we observed them giving implied consent. For example we observed staff members asking peoples

permission before providing any care and support and looking at facial expressions for a response.

The deputy manager informed us that some people were unable to make a decision about their care and treatment. They told us best interest decisions had been made on their behalf to ensure their rights were protected.
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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of when to apply for a DoLS application to protect people's human rights.

People told us that the meals were good and they always had enough to eat. One person said, "You can have a cooked breakfast if you want it." Another person said, "The food is brilliant, I have not been well and they have brought my food to my room for me." A third person told us, "They know down in the kitchen what I like and the young fella came up today with a jacket potato with cheese on it, I enjoyed it."

People could choose where they had their meals. Although most people took their meals in the dining room, some people chose to have lunch in their bedroom and these choices were respected by staff. During the lunch time meal we observed that the atmosphere in dining area was calm and relaxed. The tables were pleasantly dressed with napkins and glasses and people were being assisted by members of staff where required. There were also items on tables staff used to encourage independence, for example gravy was served in small jugs and staff encouraged people to help themselves.

People had a choice of meals, and staff offered choices both verbally and visually. One person told us, "They will change it to the other dish on offer; also you can have baked potatoes, salad and a quiche dish." Another person said, "At tea times you can request to take sandwiches back to your room if you want them later in the evening." We also observed the Chef talking to a person in bed and he told us, "He likes to have cheese after his dinner and I come and ask him, he has told me that he wants lumps of cheese so I shall fetch it."

Staff and the Chef knew who required a soft diet due to their health condition. Staff told us that people had access to a speech and language therapist (SALT) and a dietician to help them understand what meals were suitable with regards to their health condition. This information was also contained in people's care records. People told us they were able to have a drink when they wanted and we saw that drinks were regularly offered to people. Where concerns had been identified that people were not eating or drinking enough, charts were put in place to monitor this. People who chose to remain in their own rooms were provided with water bottles with straws which were marked to identify how much fluid they had drank, this supported staff to obtain accurate records of people's fluid intake.

People and staff told us that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the GP, community nurses, chiropodists and opticians. On the day of our inspection we saw that several health professional were visiting people, we spoke to the community matron who visits weekly, they told us that staff were very pro-active and sought advice when required. We also spoke to a visiting district nurse who told us, "They are very on the ball."

The environment at Tallis House was designed and arranged to promote engagement and wellbeing using decoration, signage and other adaptations. Corridors were themed using different pictures and objects such as film stars and music. The bedrooms were personalised and each door had a picture personal to the person. One door had a crossword puzzle on and the person was doing crosswords.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "It is excellent here, they are lovely here and I don't think that I could have gone to a better place, the staff are faultless." Another person said, "Staff surpass themselves, they are lovely people."

We spoke with another person who told us, "The staff are very nice and if you want anything they get it for you." A fourth person told us, I go to the dining room and we sit and chat, I get myself up at 7 and wash and dress and go to breakfast. My daughter comes, my friend lives next door and staff pop in, I like it here and I have made lots of friends."

Relatives were positive about the care provided. One person told us "I am ever so pleased with it, the carers are lovely, they are ever so caring and [Named] has got no complaints," Another commented, "Staff are very good, friendly and very open."

We observed people in a lounge some of which were not able to give us feedback due to their complex health conditions. We saw that staff approached them in a kind and sensitive way. We saw that staff looked at them when speaking with them and when speaking with them bent to their level and smiled. They spoke in the right tone which was reassuring and waited for people to respond before proceeding with a task. During lunch people were assisted in a respectful way which maintained their dignity. People got the support they required and lunch was served in a relaxed manner which made it an enjoyable experience for people. One person at lunch did not want to eat, staff walked away, but returned five minutes later and the person was happy to eat.

People told us that staff provided care in a way that respected their dignity, privacy and choice.
One person said, "They need to dress and undress me and shower me, they are gentle and kind and they don't gawp at you, they are kind and they ask which bit do you want to wash first, they are very respectful." Staff demonstrated that they understood the importance of respecting people's dignity and a dignity board was in the foyer with suggestions for staff. The manager told us that the theme for the month was 'Hearing what residents have to say'. We also observed staff knocking on people's doors and waiting for a response before entering.

We saw people that lived at Tallis House walking around the home when they wanted to and meeting staff along the way. We observed them being able to choose what they wanted to do and choosing to go into communal areas, the café or their own room. One person told us, "I have got two friends here and we have sat outside, my daughter comes and we go to town and get shopping." Another person told us, "I have got a key in my patio door and we sit outside when it is lovely, I have my door shut but any problems I have got the buzzer, I put myself to bed and my family comes in."

We observed one person who had requested access to their money, the staff gave the person the amount requested straight away. Another person told us, "I am quite happy here, I am very independent, shower myself but they will help if I need it. I am quite capable and I go to the shops daily and get the paper and bits

and bobs, I might go to bed at 9 or could be 10.30."

Information about the service was given to people when they came to live at the home to enable them to make informed choices and decisions. Some people's relatives acted as their advocates to ensure that they understood the information given to them and we saw that information was also available about an independent advocacy service that people could access if required.

Good

Is the service responsive?

Our findings

Most people we spoke with felt the care they received met their individual needs. Comments included, "I wake 9 am. I like a lay in and mostly I lay on the bed watching TV or doing my crosswords, they are not bossy and sometimes I go to the dining room for lunch, breakfast I have toast in my room."

There was detailed information in the care plans that set out people's needs and how they preferred to have those needs met. Care staff were able to tell us about people's individual preferences as well as what support staff were to provide. Care plans included information about all aspects of day to day care and had been updated monthly. Staff were given directions about what the person could do for themselves and what input was required from staff, so that people were encouraged to maintain their skills and independence. For example in one care plan it detailed how a person liked their bed made in a particular way and the fact that they liked to make it themselves.

Care records had good personal background history of the person and recorded what was important for the individual, for example their wishes around end of life care and bereavement. There was information in people's care plans about how they communicated and what support was required from staff to meet their needs. We also saw examples of very detailed life stories that included photographs and evidenced family involvement.

Staff had a good understanding of how to manage people's behaviours that could be perceived as challenging. They were able to describe the specific strategies they used, which were individual for each person. One staff member told us, "We can often judge [Named] by her mood how she will be on any given day. If she is upset I will sit and hold her hand and chat with her it seems to help."

People we spoke with confirmed a range of social activities were provided. We saw people had access to activities that were important and relevant to them and visiting family members were invited to join in. One of the activities that took place during our inspection included people making rosettes for an up and coming street party. One person told us, "We are going to hang these with our Union Jacks for the street party and next week we are making a special cake." The activity co-ordinator also used this session with people to reminisce and people then chatted about how they used to clean their windows with newspaper, water and vinegar. The activity co-ordinator also gave one person some magazines that she knew would interest them.

People who used the service and their relatives told us, "I went to Abbey church yesterday, it was good, there are things to do, they have film shows, I loved the cinema." "I am making a sampler, I am always embroidering, knitting, sewing or making pictures from clay." "I go to the quizzes and bingo and the chat sessions when we chat about things amongst ourselves. They are quite nice."

The activity co-ordinator told us, "We would really like our own mini bus, we have to use the local council one with volunteers and it is quite difficult to get but yesterday we took people to the local church, garden and for coffee. I have printed film stars pictures off the internet and laminated them for a game." An activity

planner was on display in the home, detailing up and coming activities and events.

We saw a copy of the complaints policy on display in the reception area. People and their relatives we spoke with were aware of the complaints process. They told us, "I have had no problems but if I did I would complain to the top staff", "I would definitely feel comfortable in complaining", "I have never had reason to complain, the staff are lovely. I can ring my buzzer and speak to the staff", "No complaints, have been to a couple or relatives meeting but I speak to the manager when I need to and last week I had a tick box form from them to fill in and I handed it in to them."

Relative and residents meetings were held regularly and we saw the minutes of the last meeting held, an action plan was produced following these meetings. A resident present at the meeting had asked the service to review the supper menu, and we saw evidence that this had been done.

We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively. We saw that one complaint was unhappy with changes made that meant more people using one lounge area instead of using two smaller lounges, the manager told us that this had not worked and people had not been happy with this so it was changed back.

Good

Is the service well-led?

Our findings

People and their relatives told us the manager was good and they could talk to them. One relative told us, "The manager door is always open and they kept reassuring us when [Named] first came that they would settle and they have really helped her to settle in." Another relative told is, "We have open conversations with the manager and they bring you into the office and listen to you."

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home. In a previous survey the home had introduced a new labelling system for the laundry as a result of feedback.

Staff told us the manager was approachable and highly visible and were complimentary about the open culture of the service. They said that they could go to the manager when they needed support or if they needed to discuss anything. One member of staff said, "The manager is a lovely manager, approachable, would listen and action things." Another staff member told us, "The management always answer our questions."

There were regularly staff meetings and daily handovers, which enabled staff to exchange ideas and be offered direction by the manager. The service was well led. The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely.

We saw that policies and procedures were kept under review and updated when necessary by the manager and staff were aware of the policies and procedures they had to follow.

The manager explained that the provider was very supportive and provided resources when improvements were needed, for example funding for decoration or equipment.

The registered manager and senior staff carried out a range of checks including health and safety audits such as fire systems and equipment. The registered manager audited all new care plans.

Other quality assurance audits were in place which consisted of a range of monthly and weekly checks to keep people safe and ensure they received good quality care. These included checks on the building and environment and accidents which had occurred. The accidents were analysed to check for any emerging trends.

The service was supported by the Dementia service manager who carried out regular support visits to the home. These visits included an extensive assessment of the procedures and practices within the home. A detailed report was produced, which described areas for improvement, and coaching and advice was given where needed. When an individual resident required extra support with complex needs, this was arranged as a priority. The dementia service manager also supported the manager in making the environment more dementia friendly.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. The regional care director was at the home during our inspection and was available to answer any questions we had about the organisational running of the home and to support the manager. Records showed that the regional care director visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly. We saw records of these audits and the action plan that was in place to record action needed and when it was met. There was also an annual compliance audit completed by an independent quality assurance consultant.

During the inspection we confirmed that the registered manager had sent us notifications which were required under the Care Quality Commission (Registration) Regulations 2009. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay.