

Runwood Homes Limited

# Tallis House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Tallis House is registered to provide care and accommodation for up to 101 people. The accommodation is arranged into three units spread over three floors. At the time of the inspection 99 people lived at the service.

People's experience of using this service:

The service had made improvements since our last inspection. However, further improvements were required following this inspection.

Suitable systems and processes were not in place to ensure people consistently received the care they needed and had the right to expect. Robust arrangements had not been made to safeguard people from situations in which they may be at risk of experiencing abuse.

People had not always received care that was supportive when they became anxious. People had not always received person centred care. People were supported to take part in a range of activities inside and outside the service. However, some people felt this was an area which could be improved.

Staff received training to provide them with the knowledge to fulfil their role, however further training was required to ensure staff could meet people's individual and specific needs.

We have made a recommendation about staff training in relation to supporting people living with dementia that might display challenging behaviour.

Staff received supervision from the management team. People received support they needed to eat and drink enough. We found in one area some aspects of the meal service required improvement in order that the mealtime was a positive experience for people using the service.

Quality assurance processes were not always effective. They had not identified concerns we found during the inspection, relating to the management of behaviours or care records. The management team acted quickly to address the concerns we identified during our inspection. From our discussions we were assured they were committed to making the required improvements to ensure people experienced consistently good outcomes.

We found the provider was in breach of two regulations. These were Regulation 13 HSCA RA Regulations 2014; Safeguarding service users from abuse or improper treatment and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of the report.

Rating at last inspection: At the last comprehensive inspection the service was rated as 'Requires

Improvement'. The last report was published 23 May 2018.

This is the second time the service has been rated as Requires Improvement.

Why we inspected: All services rated as 'Requires improvement' are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and the improvements made.

Enforcement: At this inspection we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and safeguarding. Details of action we have asked the provider to take can be found at the end of this report. 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](http://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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Tallis House

## Detailed findings

### Background to this 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 took place on 24 April 2019 and the 03 May 2019 and was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector returned on the second day of inspection.

Service and service type: Tallis House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed the information we held about the service. These included people's feedback and notifications of significant events affecting the service. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

What we did during the inspection: We spoke with members of the senior management team including two regional directors, the registered manager, two deputy managers and eight staff members. We spoke with 16 people who used the service and four relatives visiting the service. Many of the people using the service were unable to share their experiences with us due to their complex needs. Therefore, to help us understand people's experiences of using the service, we observed how people received care and support from staff. To

do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two external professionals who visited the service during our inspection. We reviewed eight people's care records, medicines administration records and other records about the management of the service.

What we did after the inspection: Following the inspection, the registered manager provided us with additional information related to the service provision.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the potential risks of abuse. Three people who lived at the service displayed behaviours which challenged. We saw there were no risk assessments to guide staff how to work in a safe manner to keep people and others safe.
- Staff completed ABC charts (ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating) and these showed one person had assaulted the same person several times. Safeguarding protocols had not been followed; a safeguarding alert had not been raised for this person. There were no risk assessments found for the person. An alert was raised following this inspection.
- Staff we spoke with used various methods to support the person, but these were not consistent and we saw their skills and knowledge in doing this varied. Responses to this behaviour recorded on ABC charts often stated staff had told the person that this behaviour was unacceptable. These charts were not always completed appropriately or analysed to identify any themes or trends or try to identify what people might be communicating.

This was a breach of Regulation 13 HSCA RA Regulations 2014; Safeguarding service users from abuse or improper treatment.

- People told us they felt safe living at the service. One person told us, "Of course I do, they are fine, they are all very nice to me. They take their time with me, I'm happy here." A relative said, "Yes, I am sure [family member] is safe. Absolutely, without a shadow of a doubt. It's a secure environment. They give [family member] all the support they need – feeding, turning, do their meds, etc."

Learning lessons when things go wrong

- Following the last inspection, we found the registered manager had introduced new equipment and monitoring which had reduced the number of falls at the service. However, whilst we saw the registered manager had improved the analysis of accidents at the service, the analysis of incidents including ABC charts required improvement.

Assessing risk, safety monitoring and management

- At the last inspection we identified concerns that risk assessments were not always fully updated in a consistent area of the care plan following a fall. Whilst we saw improvements had been made to care plans and falls analysis, we continued to identify issues with updating care plans. In two care plans we found risk assessments were not always accurate and up to date to reflect people's needs. In both care plans the person's mobility had deteriorated and they required support and assistance to mobilise. The personal

evacuation risk assessment for both people had not been updated to reflect this. The provider confirmed all personal evacuation risk assessments were updated following this inspection.

- The registered manager and provider had recognised care plans required additional work and were planning to introduce electronic care plans.
- Staff we spoke with had a good knowledge of people's current needs and any associated risks.
- People had risk assessments in areas such as moving and handling, specific diets and health conditions such as diabetes. In one care plan it was good to note the person had a good and bad day mobility care plan which explained the variation in abilities and need for assistance from staff.

#### Staffing and recruitment

- At the last inspection we identified concerns related to staffing through the falls analysis data. The provider had increased staffing in the two areas we had highlighted as a cause for concern.
- At this inspection we saw the provider had maintained these staffing levels. One person told us, "There are lots of people around. If I ring my buzzer, they come quickly." Another person said, "The staff are here 24 hours a day. The call button system works OK. There are enough staff."
- Staff said overall, staffing levels were suitable to meet people's needs. They said they were not rushed and had time to speak with people. One staff member told us, "I love it here and there is enough staff around."

#### Using medicines safely

- We found medicines were managed safely. Medicines were stored safely in line with requirements in locked trolleys and in a clinic room. Room and fridge temperatures were recorded daily. All storage was neat and tidy.
- All staff with responsibility for administering medicines had received the appropriate training and undertook regular medication competency assessments. Medicine audits were completed regularly.

#### Preventing and controlling infection

- Staff received infection control training. Personal protective equipment, such as gloves and aprons were available for staff to use. The registered manager carried out a yearly infection control audit. This was to ensure infection control measures at the service were followed.



# 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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The majority of staff observed were seen to be competent, knowledgeable and skilled and carried out their roles effectively. However, records completed by staff following incidents of challenging behaviour did not demonstrate all staff were well trained in this area.
- Whilst we saw records that confirmed staff had completed dementia training we were not assured staff had received the appropriate training and guidance required following incidents of this nature.
- When we spoke with staff whilst some staff could identify triggers to this behaviour other staff were less sure about how they would respond.

We recommend that the service finds out more about training for staff based on current best practice in relation to the specialist needs of people living with dementia that might demonstrate behaviours that challenge the service.

- Staff were positive about the training programme provided. One staff member told us, "The training is good. I am being supported to do a level three qualification for this role." Another staff member said, "My training is up to date, we get reminders put on the staff room door. We also get messages on our E-learning account. We do practical first aid, moving and handling, dementia and meds training."
- A visiting professional said, "Staff are put on diplomas straight away. They have regular supervision and support. Staff are well trained and if any concerns are noticed, seniors are on it straight away."
- People and relatives told us staff knowledge and skills met their needs. One person told us, "They all seem to know what they are doing. If I don't feel well all I have to do is say so, they are very kind." Another person said, "They understand my needs. They know how to hoist me." A relative said, "They understand [family member] very well. They understand [family member] better than I can imagine. They are very professional."
- Staff told us they were supported with training and supervisions and attended regular meetings with members of the senior team.

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

- People's mealtime experience was not always positive. Whilst we saw two areas of the service the mealtime experience was positive; the middle floor was not so positive.
- A person was banging the side of their chair for over 30 minutes, staff did not respond to this person or consider how this noise might be affecting other people in the dining room.
- One person had to wait over thirty minutes for their vegetarian option after they had requested this twice. They were then offered a baked potato with either cheese or tuna. The person told staff they would skip the main meal and just have pudding. Staff did not offer an alternative.

- One staff member assisted a person to eat they did not talk to the person.
- A staff member asked a person if they were going to eat any more. The person had left half their meal and said, "No." The staff member removed their plate but did not ask if they had liked the meal or if they wanted an alternative. When we asked the person if it would have been possible to have something else, they said, "I don't think so, you have to have what they put in front of you."
- Two people started to argue in front of us, staff did not seem to notice and fortunately the exchange ended quickly.
- When we discussed this observation the registered manager and regional director told us they had identified this area required improvement and had recently appointed a new care team leader to oversee the standards in this area and would also be nominating a mealtime lead to improve the meal experience.
- On the second day of inspection we revisited this area at the mealtime and found it had improved.
- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- On the ground and top floor, the meal observation was a much better experience for people. People were shown two plates, so they could choose from the two choices available. One person said. "'They ask us what we want, there is usually a couple of things we like."

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

- The registered manager had made DoLS applications where needed and approvals were monitored to ensure any conditions on authorisations were being met.
- People were involved in decisions about their care and staff knew what they needed to do to make sure decisions were taken in people's best interests. Care documentation highlighted where people could make their own decisions and how they could be supported to be as independent as possible. Staff had received training on the MCA and DoLS.
- The registered manager was aware some of their capacity assessments required improvement to ensure they met the principles of the MCA. These were currently under review. The newer examples were in keeping with the MCA.
- We observed people were supported to have choice and time to consent to their care. One person said, "They do respect my choices, and encourage me to be independent."
- We reviewed care records and noted comprehensive pre-assessments took place before a person moved into the service. Staff did this to ensure the service could meet the person's individual needs.

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

- Staff supported people to have access to external healthcare professionals when needed. One person told us, "The GP comes regularly. The personal care works well for me. Staff do not stop me doing anything. They encourage me to be as independent as possible." Another person said, "I've got a nice room, they don't rush me in the mornings. One of the staff helps me to wash and they are all very kind to me."
- When needed, referrals had been made to an optician, chiropodist, mental health team, dentist, the palliative team, dietitian and a speech and language therapist (SALT).

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

- Staff told us people chose where they wanted to eat and some people were sitting in lounge chairs. We noted in two dining rooms, space at the dining tables was limited. We asked the Deputy Manager what they would do if everyone chose to sit at a dining table and they said they would bring in another table or direct people to an alternative dining area. Whilst we noted that people appeared comfortable eating at their armchair not everyone was offered a height adjustable table. The regional director said more would be ordered.
- The environment was bright and spacious. There were contrasting colours used for the walls, floors and amenities, such as hand rails, across the building. This assisted safe movement of people with dementia and perception problems.

## 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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- During our visit, we observed kind interactions between staff and people. Much of the communication with people was positive and staff and people were laughing together. We also saw interactions that were not as positive. During our observation on the middle floor one person became very distressed and told us they wanted to go to bed. Whilst some staff approached this person they did not offer any sustained interaction to support them with their distress.
- We looked at the person's care plan and found this distress was common and the person liked to have their soft toy dog with them. One staff member did go and get this for the person, but it did not reassure them and no other options were offered to the person by staff such as taking them for walk or sitting with them.
- We also noticed during this observation that whilst staff were present, on several occasions people attempted to communicate with staff but this went unnoticed. This area of the service had been identified by the service as requiring additional support. The regional director told us the providers dementia team would be visiting to support the service to improve.
- People and relatives, we spoke with were complimentary about the service and staff. One person said, "They are kind and caring to everyone. They are very nice and do whatever you ask." Another person said, "It's marvellous, they are all very kind." A relative said, "They are lovely to [family member] they all seem to know [family member] and chat when they can."
- Observations in other areas of the service were much more positive. We saw the care team leader brush and plait a person's hair, they were very gentle and did a lovely job, which the person seemed very pleased with. We also saw one person given a doll, they were smiling and cuddling the doll.
- One staff member came into the service on their day off to provide hairdressing assistance to a person who was celebrating their birthday that day. We saw the person had birthday cards and balloons on their door.
- A staff member said, "We get time to talk to people, I will stay and sing with them. People are quite joyful. I love working here."

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

- People were supported as much as possible in making decisions about their care.
- Staff knew people's communication needs well. They described to us various ways they could communicate with people non-verbally to determine what their needs were. This included ensuring eye contact and observing body language.
- The registered manager provided us with copies of minutes from meetings to show residents and relatives meetings had taken place and people were consulted with.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence was considered by staff. One person told us, "I am undoubtedly treated with dignity and respect. They shut my door when they are dressing me. The staff are kind and considerate." A relative said, "They absolutely treat [family member] with respect at all times. They are very kind and considerate. I feel the staff have got to know their personality."
- One staff member told us, "We close the doors and blinds and knock before we go in." Another staff member said, "[Persons name] likes to do their own personal care and likes to keep their room locked." A third staff member said, "We do help people to be independent. For example, at mealtimes we will encourage people to eat independently, we will give hand to mouth guidance with cutlery."

## Is the service responsive?

### Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

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

- Care plans did not always reflect people's needs. For example, three people sometimes displayed behaviours which challenged the service. This information was not well documented within the person's care record to direct staff as to how to manage this effectively to give people choice and control.
- Whilst care plans were reviewed regularly we found staff had not always updated each relevant section of the care plan to reflect any changes. The registered manager told us the provider was about to introduce electronic care planning.
- Staff were knowledgeable about people's preferences and could explain how they supported people.
- The service had an activity programme that was varied. However, during the inspection we observed many people were and left without stimulation or engagement with the rest of the service. The activity co-ordinator was delivering activities in some areas, these activities only involved small groups of people which meant other people were not always included.
- During the morning the activity co-ordinator told us they had organised a physical activity session, a sing-along and were now doing bingo – which we observed. In the afternoon there was a baking cake session.
- Staff in some areas tried to provide some stimulation for people that chose not to join in the group activities. One staff member told us, "People do not always want to go to other floors for activities. We do skittles but we would benefit from more activities, there is nothing for some of them to do. We do try our best."
- People and relatives had mixed views in relation to activities. One person told us, "There are enough activities. We went to Southend." Another person said, "I didn't do Bingo before, why would I want it now." A relative said, "They keep [person] occupied with Bingo and things like that, I think [person] doesn't find it enough but what can they do."
- We discussed this feedback with the registered manager and regional director who told us they were changing the way they organised activities in the service which would mean an increase in hours. They would have a new enhanced role for activity staff which would mean one would be based on each floor of the service.

Improving care quality in response to complaints or concerns

- The registered manager ensured complaints were appropriately responded to. Efforts were taken to ensure issues were resolved to the complainant's satisfaction. One person said, "When I raised a concern, the manager did resolve it, and apologised."
- Records showed complaints had been responded to in line with the provider's policy.

End of life care and support

- No-one was receiving end of life care; however, the registered manager knew how to access support from other healthcare professionals should this be required.

- People had been supported to record their preferences and wishes about their 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Processes were in place to check the quality of the service provided. However, these processes had not been effective in finding all the issues and risks we found during our inspection.
- The registered manager had not informed the commission of safeguarding events related to incidents between people. They should have done this to comply with the requirement of the Regulations. This was done immediately following the inspection.
- The management team did not have appropriate oversight related to information recorded on ABC charts.

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

- The provider and registered manager had recognised that some improvements in relation to activities, the mealtime experience in one area were needed. The provider shared the information related to this with us.

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

- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "We have staff meetings and supervision, the management team here are really good, they listen to us." Another staff member said, "I was on the top floor but have been moved to middle floor. I get good support from the deputies."
- The management team were open to looking at different ways to improve the service and committed to driving quality person centred care. We found they responded immediately to the concerns identified during the inspection.

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

- People and their relatives were invited to share their feedback on the service through regular surveys and meetings. Records showed people were invited to express their views on a variety of topics. One person told us, "Overall, I am very happy. The manager is approachable." Another person said, "They work hard to make it work, it's not easy managing anything they have a lot to think about. They could do with a bit more help, that's all." A relative said, "It's very well organised."



- Staff said they felt confident in their roles. Most staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. One staff member said, "I would be happy for relative to be here." Another staff member said, "We have a really good team up here, we all muck in."

Working in partnership with others. Continuous learning and improving care

- The management team had established and maintained good links with the local community and with other healthcare professionals. One visiting professional said, "It's one of the best places I go to."
- Whilst we had identified further improvements were needed during this inspection, the service had looked at various ways to reduce falls at the service. The oversight and analysis in this area had improved which had led to a reduction in falls.
- Following an incident which involved a bedrail at the service we found the provider had updated the risk assessment and introduced additional checks to prevent this happening again.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not always safeguarded from the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Monitoring and audit systems were not effective in highlighting issues within the service.