

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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Tallis House is a care home providing accommodation for people who require nursing or personal care. The service can support up to 101 people. The service provides support to older people some of who are living with dementia. At the time of our inspection there were 68 people using the service.

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

There were not enough staff deployed to meet people's needs. Whilst dependency tools identified there were enough staff to meet people's needs, feedback from staff, people and relatives did not support this. There were suitable recruitment processes in place. However, these had not always been consistently followed.

People's medicine support was being managed safely. The service was hygienic and infection control measures were being managed to help prevent the spread of infection. However, some improvement was needed to ensure the service followed all best practice guidance.

Staff did not always have the necessary knowledge, skills or competencies to meet people's needs safely. We received mixed feedback about the culture of the service, with some staff saying they did not always feel well-supported or listened to by the management team.

Systems to monitor and assess the quality of the service were not robust. The provider had not identified all of the issues we found on this inspection .

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the staff that supported them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 June 2021)

### Why we inspected

We received concerns in relation to the management of accidents and incidents, weight loss and people's hydration needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection. We have found evidence the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, staff training and support and governance arrangement at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by three 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.

#### Service and service type

Tallis House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tallis House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A manager had been appointed who was in the process of completing their application to register with CQC.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with ten people who used the service and three relatives about the service. We spoke with 17 members of staff, including the manager and two deputy managers.

We reviewed 12 people's care records and multiple medicine records and monitoring charts. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. We 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were insufficient staff deployed to provide support to people. Staff told us there were not enough staff, particularly on the ground floor. One staff member told us, "It can have an impact as there is still people waiting to get up. They have cut us down to four staff as the numbers went down but there is still a lot of need."
- On the first day of inspection there were four staff and a care team leader deployed on the ground floor. We observed two poor handling techniques on the ground floor. When we looked at this staff member's file, we found they had been recruited from overseas. They had not completed moving and handling training, there were no competency assessments or observation of practice to demonstrate their competency in this area. This staff member's first language was not English and on interview they struggled to understand everything we asked them. This meant people could be at risk of harm if staff do not understand what people are trying to communicate.
- Not all staff had been recruited safely. One staff member was working unsupervised on the ground floor without a Disclosure and Barring Service (DBS) check. DBS checks let employers know applicants' criminal history to help them make safer recruitment decisions.
- People and relatives also expressed views there were not enough staff. One person said, "There is not enough staff, I am later in getting up. There used to be more." A relative said, "The bottom line is they're not being very attentive to people's needs in here, there's not enough staff about in my opinion especially at weekends."
- We reviewed accidents and incidents as part of our inspection and there was a higher number of falls occurring on the ground floor. Whilst the manager had reviewed and analysed the accidents and incidents, we found three accidents for people living on the ground floor in a different folder that had not been recorded or considered as part of the overall analysis. The analysis did not consider an increase in staffing as part of this process.
- Issues with staff deployment meant they did not always have time to spend with people and people were not always able to do what they wanted. For example, what time they got up or where they spent their time. One person told us, "There is not enough staff, these girls are rushed off their feet. I cannot get up when I want or go to bed." Another person said, "I don't like living here, can't wait to get out, I feel trapped. There's just not enough staff. I used to be able to go out and do my own shopping but there's no staff to take me or let me go out."

The failure to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us a risk assessment for this staff member dated 18 July 2022 which clearly recorded the staff member must not be left alone with people living in the service and should be supervised at all times by another member of staff.

#### Systems and processes to safeguard people from the risk of abuse

- The manager had been working with the local authority to ensure all relevant accidents and incidents had been reported appropriately to safeguarding authorities or CQC as required.
- During the inspection a relative identified unexplained marks on their family member that had not been noticed, recorded on a body map or investigated. A safeguard was subsequently raised by CQC. A previous incident of a similar nature had also been raised by the relative in March 2022. Following the inspection, the manager introduced more regular checks of this person's skin.
- Staff had access to appropriate training and understood how to raise any concerns about poor practice. However, one member of staff had not received training in how to identify how people may be at risk of harm or abuse and what they could do to protect them. This staff member was observed working unsupervised, a risk assessment provided by the manager following this inspection indicated that they should have been supervised at all times.

#### Assessing risk, safety monitoring and management

- Risks in care plans were assessed appropriately. The service had measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information which provided guidance for staff on how to manage risks to people's health and wellbeing.
- Following a previous concern in relation to risks of hydration we checked 14 fluid monitoring charts and repositioning charts. Monitoring charts were detailed and included a target for staff to follow to ensure people received enough fluid.
- People and relatives, we spoke with told us they and their family members were safe. One person told us, "I feel safer here." A relative said, "I think now [person] is here they are safer, they like the food, and seem to drink plenty, anyway they were not safe at home."

#### Using medicines safely

- People were supported to take the medicines as prescribed. There were suitable systems for ordering, handling and storing prescribed medicines and controlled drugs.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff completed medicines audits to make sure people's medicines were being used effectively.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The provider was not following best practice guidance as they did not ask inspectors to see evidence of their lateral flow test.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

- The provider was facilitating visits for people in accordance with the current guidance.

#### Learning lessons when things go wrong

- Whilst Incidents or accidents were recorded and managed effectively, there was still learning to complete with staff in relation to recognising and recording unexplained marks or injuries.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the knowledge and skills to provide safe care and treatment. As covered in the safe key question in relation to moving and handling and safeguarding people from abuse.
- We looked at the induction for one staff member who had recently started and had been recruited from overseas. They had only completed one training session and one competency assessment and were working unsupervised, which included supporting people on their own. This meant the provider had not assured themselves the staff member was competent in all areas of people's care and support needs.
- Records showed most staff received training to support them with their roles. We spoke with staff who told us they completed most training online but some subjects such as moving and handling and first aid were face to face. One staff member told us, "I have Level 3 health and social care. The trainer that comes to the home is very motivating." Another staff member said, "I had my induction and all my training, it was two days shadowing."
- Whilst staff told us they did receive supervision, feedback was mixed in relation to whether staff felt supported., Comments included, "Managers are supportive here, we have supervision and staff meetings I can go to", " We do have supervision but some managers listen and others do not. We are starting to get used to the new manager", and "I think there could be more support. They (management) should help when they can but they don't ever come up."

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

- People's needs were assessed prior to moving into the home. This information was used to form the basis of their plan of care. The assessment included all aspects of their care and support and important relationships and religious and cultural needs.
- Staff knew people well and people were positive about the staff who supported them.

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

- People received the support they needed to maintain a balanced and healthy diet.
- We observed lunch being served in the dining rooms. Staff supported some people to eat. Drinks were offered throughout the meal. Support to people who needed assistance was offered by staff and at a relaxed pace. People received a choice and some people were offered a visual choice of food.
- Information about dietary requirements was clearly recorded and accessible. People's weights were monitored and where people were identified as at risk of malnutrition appropriate action was taken to

support them. For example, referrals were made to the dietician.

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

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The service had been working with the local authority in relation to safeguarding concerns and oversight.
- Care plans evidenced the involvement of external health care professionals. These included specialist health services, district nursing services, speech and language therapists and dieticians.

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

- The home was purpose built, spacious, and suitable for people's needs. Corridors were wide and some signage was in place.
- People's bedrooms were spacious and clean. People were able to personalise their bedrooms.
- The service used some equipment to support people to reduce falls such as alert mats., We discussed other equipment or technology available, such as additional lighting and a suggestion from a staff member in relation to a contrasting colour for toilet seats. Following the inspection, the manager told us, "We have ordered motion sensor lights and will be looking at signage when the dementia lead visits the home. I will be placing an order today for coloured toilet seats as discussed regarding en-suites in rooms and a motion sensor light was ordered for a resident that has falls in their room at night."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- Mental capacity assessments had been completed in people's care records when it was unclear about their capacity in some issues. Mental capacity assessments included comments from the person being assessed and information about who had been consulted in their best interests.
- The manager kept a record of every person who was subject to a DoLS authorisation and when it was due for review. Information in relation to applications or authorisation were also evident in people's care plans.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had just appointed a new manager who was in the process of applying to register with CQC.
- Systems in place to monitor the performance of the service had not identified the concerns people, their relatives and staff had in relation to staffing, staff training and support and recruitment practices.
- The provider had a dependency tool which indicated there was enough staff. However, from feedback and observation staffing on the ground floor in particular was not always sufficient. Staffing was increased on the ground floor on day two of the inspection. Following the inspection, the regional director told us they had discussed staffing on the ground floor and will continue to monitor the staffing levels against the dependency levels. This did not assure us that this increase would be maintained.
- The providers had not followed their own policy in relation to recruitment checks.
- A range of audits were in place to monitor the quality and safety of the service. However, we found the analysis of accidents and incidents did not always contain all the information required to ensure this analysis was accurate.
- There were regular staff meetings and staff were offered the opportunity to put forward ideas to help improve people's support. However, staff told us current staffing and changes to management had impacted on their ability to consistently provide person-centred support to people. One staff member told us, "It does affect residents as we cannot give them much attention." Another staff member said, "There are hardly any activities, only when CQC are here."
- We received mixed feedback from staff about morale in the service. One staff member told us, "There is no team work here, everyone seems against each other." Another staff member said, "The morale is quite nice, people more relaxed, it was tough during Covid. Since March having [new manager] has felt more stable."

The providers governance and oversight of the service was not always effective. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. They had sent us notifications when required to do so,

following any important incidents when they happened at the service

Continuous learning and improving care; Working in partnership with others

- The manager acknowledged they had more work to do to improve the service and both the manager and the regional director responded to our concerns immediately. The regional director sent us blank templates for assessing staff moving and handling competencies which they planned to introduce.

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 17 HSCA RA Regulations 2014 Good governance  The providers governance and oversight of the service was not always effective. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The failure to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.