Abbeyfield Tamar Extra Care Society Limited

Tamar House

Inspection report

11 Brest Road, Plymouth Devon PL6 5XN
Tel: 01752 510810

Date of inspection visit: 23 & 24 July 2015
Date of publication: 08/09/2015

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?	Requires Improvement

Overall summary

The inspection took place on the 23 and 24 July 2015 and was unannounced. At our last inspection on 30 April 2014 we found concerns that people's medicines were not being managed correctly. We asked the provider to put this right. On this inspection we reviewed this and found people's medicine were being administered and managed safely.

Tamar House provides care without nursing for up to 28 older people who may have physical disabilities. Nursing care is provided from the community nursing team.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was currently off work due to ill health. When the inspection took place the service was being run by two senior members of staff as a temporary measure.

There was evidence of leadership and governance in place. Tamar House is part of the Abbeyfield Society. They are a charity and managed by a management committee. There was evidence of auditing by senior staff and the management committee to ensure the quality of the service was maintained. People, relatives and staff said

Summary of findings

the senior managers were approachable. People and relatives were asked their view of the service. Staff said they could contribute ideas of how they felt the service could be improved.

The service had not returned all the required notifications for when people were seriously injured while living at Tamar House. This meant there was no external monitoring of serious injuries involving people living at the service. The senior staff told us they had not realised these needed to be sent to CQC.

People felt safe living at Tamar House and spoke highly of the staff. People felt comfortable speaking to staff if they had any concerns. Staff were knowledgeable about safeguarding people and what action to take if they felt there was a concern. Both people and staff said any concerns would be taken seriously by senior staff and members of the management committee.

Staff treated people with kindness and respect. People's dignity was protected at all times. Staff were observed treating people as individuals and ensuring their needs were met. People were in control of their care and planning how their care needs were met. People were supported to plan for their end of life. Risk assessments were in place to reduce the risk of them coming to harm. People were involved in assessing their risks and how staff could support them. Relatives or their representatives were also fully involved.

People's medicines were administered safely. Staff followed safe infection control policies and practices.

Staff were recruited safely and trained to meet people's needs effectively. Staff underwent training to ensure they could meet individual needs. Staff said they could ask for training and guidance was always available from senior staff and local health care professionals.

People's nutritional and health needs were met. People said staff responded to their needs quickly and ensured they saw health professionals as required. People said staff explained what healthcare professionals said if they did not understand and supported them to make choices about what they wanted to happen.

Activities were provided to keep people mentally and physically stimulated. People's personal histories were gathered to ensure activities were person centred. People's faith needs were met.

People's concerns and complaints were investigated and only closed once people were happy with the outcome.

Summary of findings

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. People felt safe living at Tamar House. People were looked after by staff who understood how to identify abuse and would act to keep people safe.

There were sufficient staff employed to meet people's needs safely. Staff were recruited safely.

People had risk assessments in place to reduce the likelihood of them coming to harm. People were involved in measuring their own risks.

People had their medicines administered safely.

Staff demonstrated they knew how to follow safe infection control practices.

Is the service effective?

Good

The service was effective. People were looked after by staff trained to meet their needs.

People were always asked for their consent before care commenced. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and ensured people were assessed as required.

People had their nutritional and health care needs met.

Is the service caring?

Good

The service was caring. People spoke highly of staff who treated them with kindness and respect. People had their dignity respected at all times.

People felt staff listened to them and they were in control of their care. Staff demonstrated they cared for and about the people they were looking after.

Visitors confirmed they were always welcomed.

People's end of life was planned with them.

Is the service responsive?

Good

There service was responsive. People received care and support which was personalised and in line with their preferences.

Activities were provided for people to remain mentally and physically stimulated. People's faith needs were met.

People's complaints were taken seriously and investigated. People were told the result.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Summary of findings

CQC had not always received notifications about serious injuries people had while living at the service.

There was clear evidence of governance and leadership in place.

People and staff both felt comfortable raising any suggestions about the service. They felt senior staff and the management committee were approachable and would listen to them.

Audits of various aspects of the service were completed to ensure the quality of the service. Systems were in place to ensure the building and equipment were looked after.

Tamar 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.

The inspection took place on the 23 and 24 July 2015 and was unannounced.

Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information held by the Care Quality Commission (CQC) such as previous inspection reports and notifications sent in by the service. Notifications are information that registered persons are required to send CQC in respect of certain incidents.

During the inspection we spoke with nine people and six visitors. We reviewed the care records of four people in detail to review they were being provided their care as planned. We also spoke with them when we could. We observed how staff interacted with people. We sat with people at lunch on the first day and spoke with people in the lounges and dining room.

We spoke with seven staff and reviewed four staff personnel, supervision and appraisal records. We reviewed the training records for all staff. We spoke with a member of the management committee. We spoke with one health and social care professional who was positive about the service. We looked at the records the home held in relation the administration of people's medicines, accident book, maintenance records and records demonstrating the service was monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection on 30 April 2014 we found concerns that people's medicines were not being managed correctly. We asked the provider to put this right. On this inspection we found the concerns had been addressed.

People medicines were managed, stored, given to people as prescribed and disposed of safely. Everyone expressed their satisfaction with how their medicines were administered. People confirmed they knew the purpose of their medication and staff would explain if they were unsure. Nobody was administering their own medicines however, people were supported to be independent in taking their own medicines as desired. For example, one person administered their own eye drops with only discreet staff observation. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and completed correctly. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied.

People felt safe living at Tamar House. Without exception all those spoken with said they felt they were living in a safe environment and their possessions were safe. People had the use of a lockable drawer within their wardrobe and could have their own room door key. We observed the service looked after people's money and kept clear records for people and family to view.

People were looked after by staff who understood how to identify abuse and keep people safe from harm. People felt staff would act on any concerns and keep them safe. Should they have concerns, people said they would speak to one of the senior staff. Another person told us, "I would speak to my main carer". Staff stated they would pass on any concerns to senior staff and action would always be taken. Staff would take their concerns to the management committee, local authority or CQC if they felt their concerns had not been taken seriously.

There were sufficient staff to meet people's needs safely. People felt there was enough staff. They recognised there were times when staff were very busy and they may have to wait. No one thought the waiting time was too long. One person commented: "Everything gets done" and another, "Usually enough but on the odd occasion they are a bit rushed". Staff also felt there were enough staff. The senior staff told us the number of staff required was reviewed in line with the needs of people at that time. The service was flexible and responded quickly if people's needs changed and they required more staff. This meant staff could support people at times when they were unwell or to attend health appointments.

The staff at Tamar House had changed little for some time. One relative said: "The home seems to keep staff long term", which they felt added to their sense of feeling staff were safe. Records showed new staff were recruited safely. Staff applied via an application and formal interview process. Staff did not start until they had the necessary checks in place to measure they were safe to work with vulnerable adults. All new staff underwent a probationary period to ensure they continued to be suitable.

People had risk assessments in place to support them to remain as safe as possible while living at Tamar House. People had their risks associated with falls, how staff supported them to transfer, and developing pressure ulcers risk of malnutrition carefully monitored and reviewed as required. People said staff involved them in managing and assessing their own risks. For people unable to express their needs staff met with families and involved them in supporting the risk assessment process.

The service had clear infection control policies and practices in place. People told us they were happy with how clean the service was. Relatives also told us they never had any concerns about the cleanliness of the service. Staff understood how to keep people safe from infection. Staff were provided with aprons and gloves. There was an issue about staff not using the expected method of placing contaminated laundry in dissolvable bags straight away and placing these in a sluice wash, however, this was resolved by the second day of inspection.

Good

Is the service effective?

Our findings

Staff were not undergoing regular supervision, appraisal or having their competency checked formally at this time. We spoke with the senior staff and staff about this. Staff were very clear that they could approach any of the senior staff for advice, support and guidance if required. They could also ask for advice from external agencies such as the district nurse service and mental health practitioners. This advice was then passed onto other staff. The senior staff told us formal arrangement for staff supervision, appraisal and checking competency had given way since the registered manager started their period of absence in March 2015. They advised meeting people's care needs had become the priority. However, they worked closely with staff, had very informed staff handovers (which we observed) and would address any concerns with staff informally if they arose. Both senior staff and the management committee member stated plans were in place to put the formal processes back in place.

People were looked after by staff who were trained to meet their needs. The service employed a training agency to deliver and ensure their training of the staff was up to date. People said that in their experience the staff were well trained. Staff told us they underwent regular training. The provider's mandatory courses such as safeguarding, fire safety, first aid, manual handling and infection control were all up to date and regularly reviewed. Staff presented as enthusiastic about training and understood the importance of staying up to date. One staff member said: "I have had training in infection control; we do infection control every year and every time you learn something new. I find it very helpful that." Staff had training in areas to support people with their individual needs such as supporting people living with dementia and diabetes care. Staff could request training and this would be provided.

New staff underwent an induction programme to support them to learn about their role. One staff member told us, "New staff work with different staff and then start on their own. They are normally put on shift with experienced staff as an extra and if they need more we give it to them." People confirmed that any new staff were introduced to them and they initially worked with experienced staff. The service was looking to introduce the new Care Certificate for all new staff. The Care Certificate is a new national qualification for all staff new to care.

People said staff always asked if they are ready to be assisted before starting any care. We observed staff always asked for people's consent before continuing an offer of care and support. People were also asked how they would like staff to help them and people were given time to answer. For example, one person was offered to go to the lounge or their bedroom for a lie down after lunch. The person was given time to choose what they would like to do.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. Staff knew what actions they would take if they felt people were being unlawfully deprived of their freedom to keep them safe. For example, preventing a person from leaving the home to maintain their safety. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. There were clear recordings of involvement with family who had Lasting Power or Attorney to oversee decisions about people's welfare. The service had applied for DoLS as required. There was one authorised DoLS in place which was in date. All staff identified the one person subject to a current DoLS authorisation and how they were to support that person. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People had their nutritional needs met. People were supported to maintain a healthy diet. People had their nutritional needs monitored when the nutritional risk assessment raised a concern. For example, people were referred to their GP and had their weight monitored more often. Where there was a concerns people may not be able to swallow their food safely, they were referred for assessment. For example, one person had a SALT (speech and language therapist) assessment in place to ensure they were able to swallow their food safely. All staff, including the chef, were aware how this person's food should be prepared and offered by staff. Food supplements were given as required.

The chef was passionate about making sure people enjoyed the food and could have a range of alternative choices which were available. People we sat with at lunch were very positive about the food and the choices

Good

Is the service effective?

available. Comments we received were: “The food is good, damned good, hot and enough” and, “Food is pretty good and we always have an alternative”. People were involved in planning the menu and could choose what they wanted to eat for each meal. People could change their mind and have something else. One person said: “Sometimes the food on offer is not suited to my diet and then something else will be found”. Snacks and drinks were available throughout the day and night. People on a special diet, such as that required for a diabetic, had an imaginative alternative diet prepared for them.

There were plenty of opportunities for people to drink and ensure they were having enough fluids. People were seen to be encouraged by staff to drink. One person said: “The carers are always on at me to drink and I do know why”. People could have drinks made on request in addition to the daily tea and coffee rounds. There were jugs of juice or water available for people to help themselves. Staff supported people who could not help themselves to ensure everyone’s needs were met.

People had their health needs met. People confirmed they could see their GP as required. Everyone was also aware that a local GP came to the home every Tuesday and they could request to speak to them. Senior staff also advised they had a really close relationship with staff at the nearby acute hospital. The outreach service from the hospital would pop round and review people in the service. For example, a person requiring a dermatology review was seen at the service rather than having to travel the short distance to the hospital. Records showed people saw a podiatrist, dentist and optician regularly and as required. There were gaps in people’s records which showed the reason why the person required certain interventions by health professionals and how staff followed up on advice was given. We discussed this with senior staff who put in place a ‘significant incident’ form which they started to use during inspection.

Good

Is the service caring?

Our findings

People were looked after by staff who treated them with kindness and respect. People and relatives spoke highly of the staff. Comments we received about the staff included: "The staff are very kind", "Oh yes very kind people", "There's a variety of staff, some chatty and talkative others not so. Most are very dedicated to the job" and, "The staff are wonderful". A relative said: "We are totally at ease with Mum being here. The staff look after her very well. We trust the staff here". A relative said: "This home is friendly, welcoming and informal. We are always made to feel very welcome no matter what time of day we visit. We are always offered tea or coffee by the staff."

The atmosphere in the service was calm. One person said: "This home has an air of 'home from home' about it. Everyone is so well looked after here." People were encouraged to develop friendships and companionship. People told us they found the atmosphere to be friendly and the layout of the lounge enabled people to gather in clusters for conversation if they wished. Meal times were sociable occasions where people were heard 'checking in' with each other to how life was for them. People demonstrated they cared for each other and each other's welfare. For example, people were heard supporting a person who was confused. They explained to us the person's needs in a caring and supportive manner.

People were observed to be comfortable in the company of staff. People and staff shared stories about each other's lives and laughter was often heard. One person said: "I often enjoy banter with the staff". People and staff appeared to be genuinely interested in each other's lives. For example, people asked about staff member's children and how they were getting on and staff asked about people's extended family.

We observed one staff member supporting a person living with dementia in a very careful manner. The person had limited ability to communicate other than by their eyes and a smile if they were happy. The staff member supported the person through lunch and into the lounge afterwards. They talked to the person with a respectful tone and kept a flow of conversation and maintained eye contact while checking the person was comfortable. They positioned the person carefully so they could view the room and the garden while explaining to the person they knew that was what they liked. All this was achieved in an unrushed manner. The staff member did not leave the person until they smiled. Staff were observed going back at intervals to check this person was alright.

Another person was observed to come down to lunch very early. The person was anxious they had missed lunch. They sat in 'their place' at the dining table. Staff noticed this and one staff member reassured the person they were not late. They offered the person "a nice cup of tea" and asked whether they wanted a biscuit. Refreshments were provided. Staff were heard to support this person with patience and kindness. Their questions about lunch were answered carefully on several occasions. Different staff were heard to greet the person warmly and check whether they needed anything.

Everyone said that they believed the staff respected them and treated them as individuals. People felt staff listened to them and supported them to remain in control of their care. Several people said staff would bring them a cup of tea around 6am to 6.30am and they appreciated it, as they were early risers.

People advised staff respected their privacy and dignity at times of personal care by ensuring curtains and doors were closed as necessary and knocked on doors before entering bedrooms. One person said: "The staff are pretty good, a nice bunch, they treat people great" and another, "All the staff are very considerate". People's records showed whether they had been asked if they wanted a male of female staff member and this was respected.

Staff spoke passionately about the people they were looking after. One staff member said: "You can have a laugh with the residents and they will banter back." Staff recognised the importance of working with people with dementia by respecting the person's history. Staff spoke about people they had cared for over a number of years and how their needs had changed. One staff member said: "We give people a choice, we know what people like but we ask, they might want a change, they're asked what to wear, what they want to eat etc. If they can't make a choice like one person, we try to remember what they were like and reflect what they would have wanted; most of us know their little ways." A relative told us: "Mum is always well turned out and the staff choose colour co-ordinated clothing and make sure she has her jewellery on even though she is unaware of it all due to her dementia".

Good

Is the service caring?

People's end of life was planned with them and their family. People were supported to choose how and where they wanted to end their life early in their stay at the service. This ensured plans were in place when they required them.

Good

Is the service responsive?

Our findings

People had care plans in place which were personalised and reflected their current needs. People or their representatives were involved with planning their care. People were familiar with their care plans. Relatives all said they were very involved with the care plan and some had copies which they kept. Staff said they viewed the care plans often and felt they offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs. We observed staff were very thorough in the staff handover session to ensure people's current needs were communicated.

People felt staff were flexible and offered the right level of care and support. For example, one person said: "The staff all deal with my reasonable requests. I have lived in an Abbeyfield property since I retired and this is now my home". Everyone said staff kept to their chosen routine of a bath or shower. More baths or showers could be taken if people wanted them and people could get up or go to bed, with or without assistance, when they chose.

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about. We observed one person raise with staff they had a sore toe. This was discussed carefully with the person establishing where the pain was coming from, A number of options including calling the GP for more pain relief were offered. The person was supported to change into a softer shoe and plans were discussed how to resolve the situation. The person requested a visit from the podiatrist which was arranged and the outcome fed back to them. The person was reassured and given full control of what they wanted to happen. Staff on the next shift were updated so they could continue to support the person and continue to reassure them.

People's personal histories were used to plan their care. Family and people were requested to provide details of people's life. Staff also communicated with family, current and previous professionals. For example, staff wrote to a person's previous GP with consent to ensure they had their full medical history. Staff spoke about how important it was to have as much information about people so when they could no longer communicate they could look after people as they would want.

Activities were provided for people to remain mentally and physically stimulated. The service employed an activity coordinator. Activities were provided for individuals on their own and as groups. Outside entertainment regularly visited the service. Exercise was offered in the form of armchair exercises and Zumba classes. One to one time with staff included manicures and nail painting, a 'chatterbox' discussion session and the opportunity to compile people's life history with them. During the inspection a day trip took place to a local sea side attraction for cream teas. People's religious needs were met. Local religious readers visited the home monthly.

People's concerns and complaints were acknowledged and investigated. The service had a complaints policy in place. This was made available to people and relatives on enquiring about the service. People had a copy in their rooms they could refer to as well. Staff had systems in place where people's concerns could be picked up and resolved quickly. All concerns and complaints were investigated and only closed once staff were assured the person was happy with the outcome. People said they knew how to raise a complaint and in the first instance would speak with one of the two senior managers who were described as "very approachable" by everyone. One person said: "I have made only one complaint and that was settled to my satisfaction". Earlier in 2015 a survey was given to a sample of people living in the service to ask if they were happy with how the service answered their complaints and concerns. There were five responses which were all positive.

Requires Improvement

Is the service well-led?

Our findings

Tamar House was owned and run by the Abbeyfield Tamar Extra Care Society limited. The Abbeyfield Tamar Extra Care Society limited is part of the Abbeyfield Society. The Abbeyfield Society provided accommodation and care for older people across the UK and overseas. Tamar House was a Plymouth based branch of the wider organisation. It was managed by its own management committee and is run as a not-for-profit charitable organisation. There was a nominated individual in place, who was the chair of the management committee. The nominated individual is responsible for supervising the management of the service at the provider level.

The nominated individual visited the service weekly. Staff confirmed members of the management committee attended the service regularly and they could talk to them. Management committee members regularly completed audits of different parts of the service and spoke to people living in the service. This was to ensure people were happy with the service provided.

CQC had not received all notifications as required. We had not been sent notifications in respect of serious injuries people had experienced while living at the service for 2015 to date. This is despite records within the accident book and people's care files showing people had experienced injuries during the time which required medical attention. We discussed the lack of these notifications with the senior staff. They were aware of the need to inform CQC when people died but they advised us they were not aware of the requirement to send the injury notifications to CQC.

People and staff were kept informed of the changes in leadership and were aware the registered manager was absent and two senior staff were in charge. One staff member stated that in the absence of the registered manager they had "pulled together as a team". A member of the management committee told us they had recently reviewed whether the day to day leadership in the home was adequate to ensure the service was run appropriately. The committee was meeting at the beginning of August 2015 when a new staff structure was to be discussed. A clearer management structure with one member of staff concentrating on managing the service was to be effective after this date.

People told us they saw the senior staff on a daily basis and felt they could talk to them at any time. Staff told us both the senior staff were approachable and they felt included in supporting the running of the home. Staff meetings and questionnaires to staff had lapsed lately but staff felt they could approach either of the senior staff with suggestions on how the service could be run. Senior staff advised they were looking to involve all staff in the running of the service. They had identified staff member's strengths and were looking at how these could be utilised for the benefit of people, the service and staff team.

The senior staff told us certain aspects such as seeking feedback from people and relatives about the service had lapsed. Up until February 2015 there were regular meetings with people. These were called 'gossip afternoons' and were well-attended. General reminiscences were mixed with requesting feedback about the service. Senior staff were looking to reintroduce these but in the meantime were having regular conversations with people to seek their individual views.

One person told us they received frequent questionnaires issued by the home but had not needed to make any suggestions of changes. We spoke with the senior managers about the questionnaires. We were advised they had been sent out to people and their families at intervals in 2015 to ask people and relative's views of the service. We saw the responses from these questionnaires were positive but senior staff said they had not had time to collate these. They advised they would like to review the few responses where people had stated their needs were 'mostly' or 'sometimes' met. This was in order to improve the overall service.

The senior staff had maintained a system of auditing various aspects of the service to ensure the overall quality. Audits in relation to the safe administration of medicines, infection control, falls, skin integrity and care planning took place regularly. Action was taken in respect of any issues.

There were a range of policies in place to support the running of the service. Systems were in place to ensure the maintenance of equipment and the building.