

Mr Mohandass Sookarry and Mrs Chandanee
Sookarry

Tara Residential Home

Inspection report

5 Avenue Road,
Warley,
Brentwood,
Essex
CM14 5EL
Tel: 01277 233679

Date of inspection visit: 27 November 2015
Date of publication: 07/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was completed on 27 November 2015 and there were four people living at the service when we inspected.

Tara Residential Home provides accommodation and personal care for up to eight older people. The provider and registered manager confirmed that none of the people living at the service had dementia related care and support needs.

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.

People and their relatives told us the service was a safe place to live. Staff understood the risks and signs of

Summary of findings

potential abuse and the relevant safeguarding processes to follow, so as to keep people safe. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There was sufficient staff available to meet people's care and support needs. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety and wellbeing.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service were involved in making decisions about their care and support. People told us that their healthcare needs were well managed.

Care plans accurately reflected people's care and support needs and people received appropriate support to follow their personal interests and have their social care needs met.

People told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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?

The service was safe.

The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There were enough staff available to meet people's care and support needs.

People's medicines were safely managed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals as and when they required them.

Good



Is the service caring?

The service was caring.

People were treated with care and kindness. People were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Good



Is the service responsive?

The service was responsive.

People's care plans were reflective of their care needs.

People undertook social activities and interests they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well-led.

Appropriate arrangements were in place to ensure that the service was well-run.

Systems were in place to gather information about the safety and quality of the service and to improve these.

Opportunities were available for people to give feedback, express their views and be listened to.

Good



Tara Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We did not use the Short Observational Framework for Inspection (SOFI) as this was a small service and people living at the service spent little time in a communal area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service, one member of care staff, the registered manager and the provider.

We reviewed three people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person when asked if they felt safe living at the service told us, "Yeah, I feel safe, I have no concerns." Another person told us, "I don't think I am at any risk while living here at Tara."

People were protected from the risk of abuse. Staff told us and records confirmed that they had received suitable safeguarding training. The provider, manager and staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that the provider and manager would act appropriately on people's behalf, so as to ensure their safety and wellbeing. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Where risks were identified staff were aware of people's individual risks, for example, staff were able to tell us who was at risk of poor mobility, who could access the local community independently, who required assistance to be able to smoke safely so as to ensure that suitable fire safety arrangements were maintained and; the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and safety. The provider had appropriate procedures in place to identify and manage any risks relating to the running of the service, such as, risks relating to the service's fire arrangements and Legionella were in place.

People told us that whilst some time was spent sitting within one of the two communal lounges during the day; they often preferred to spend time in their bedroom doing the things they wanted to do. People told us there were sufficient numbers of staff available as and when they required support and these were met in a timely manner. One person told us, "Staff are around if you want them." Staff confirmed that staffing levels were suitable to meet people's needs. Our observations at the time of the inspection showed that staff were accessible when people needed them.

The provider and manager confirmed that no new staff had been employed at the service since our last inspection in August 2013. They confirmed and records showed that this was a family run service and the majority of staff employed at the service were related. We were therefore unable to check if suitable arrangements were in place to ensure that the right staff were employed at the service and that the provider had operated a thorough recruitment procedure.

People were satisfied with the way the service managed their medicines. One person was able to tell us what medication they took and why the medication was prescribed. They told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service and suitable arrangements were in place to record when medicines were received into the service and given to people. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. Staff involved in the administration of medication had received appropriate training.

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Staff told us they had received training opportunities in a range of subjects. The records showed that in addition to basic training and updates, training on areas relevant to people living in the service had also been provided.

The provider and manager confirmed that no new staff had been employed at the service since our last inspection in August 2013. Therefore we were unable to check if suitable arrangements were in place for staff to receive a robust induction. However, the manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records showed that all staff employed at the service had commenced the Care Certificate.

Staff told us that they received good day-to-day support from work colleagues and formal supervision. They told us that supervision was used to help support them to improve their practice. Staff confirmed that they received regular supervision, were given positive praise and records confirmed what staff had told us.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People living at the service were able to consent and make decisions about the majority of their care and treatment. The manager confirmed that no Deprivation of Liberty Safeguards (DoLS) had been applied for as no-one at the service had their liberty restricted. People were not stopped doing all the things that they wanted or enjoyed, for example, three people were able to access the community independently and to meet up with friends as and when they chose to.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they liked the choice of meals and drinks provided. One person said, "The food is good. We are asked each day what we want. I get enough to eat and drink. There's plenty of choice and you get afters as well." Another person told us, "Oh, the food is absolutely fine." Our observation of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet their needs, for example, people could choose where to eat their meal. People's nutritional requirements had been assessed and documented.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had regular access to health and social care professionals as and when required, for example, GP and Community Mental Health Team. One person told us that they saw the GP independently as and when required and without staff support. Another person told us, "When I need to see a doctor or anyone else [health professionals], I see them." Records showed that everyone who used the service had received a medication review in the last 12 months.

Is the service caring?

Our findings

People made positive comments about the quality of the care provided at the service. One person told us, “The care here is good.” When asked if staff treated them with compassion and kindness, the person told us, “Yeah, of course. The staff are there if I need them.” Another person told us, “The staff are very nice.”

People’s care documentation showed that people had been involved in the assessment, planning and review of their care needs. Care records noted people’s preferences, such as, in relation to food and drink and how they occupied themselves and spent their leisure time. We observed that staff interactions with people were positive and that staff communicated well with the people living at the service, for example, speaking clearly and giving people time to respond.

People were also encouraged to maintain their independence, sense of worth and well-being. One person told us, “I try and do as much as I can for myself. I manage my own money and I attend to my own personal care.” Another person told us, “I like my independence and it is good that here I am able to do what I want to do.” Records

showed that two people accessed the local community independently, for example, to meet up with friends for a drink, go to a local club to meet up with friends and play a game of pool or to go for lunch with friends. People told us that maintaining their independence was very important to them.

People told us that there was no pressure to sit in the communal lounge areas and that they could stay in their bedroom if they wanted to. People told us that they did not feel lonely or isolated. Our observations showed that staff respected people’s privacy and dignity. Staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People told us that their relatives and/or those acting on their behalf could visit at any time and there were no restrictions.

Is the service responsive?

Our findings

Although people received care and support from staff that was responsive to their needs and wishes, people told us that in the main they were self-caring and attended to their own personal care needs and required little specific care and support from staff. One person told us, “The staff are there if I need them. Staff help me well enough.”

People’s care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person’s needs had changed the care plan had been updated to reflect the new information. Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual’s, staffs and others safety and wellbeing at these times. The manager confirmed that external healthcare support was good and responsive to meet people’s individual needs.

Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person’s life and memories and to raise the person’s self-esteem and improve their general wellbeing.

People confirmed to us that they could spend their time as they wished and wanted. One person told us, “I like to read. The library visit every four weeks and I generally get 12 books. I also like to watch television, do crosswords and play cards, especially ‘patience’. Every day I help with the laundry. I like to keep busy and do little things like cutting up cloth into rags that can be used as dusters.” Another person told us, “I used to go for a walk every day to a local care home to visit my relative.” The person told us that as a result of a change in their personal circumstances, they no longer did this. Instead they told us that they walked to the local shops most days and regularly met with friends and enjoyed a meal out. As already stated others were also enabled and empowered to access the community independently so as to meet up with friends and to participate in events organised by a local club. People also told us that there was the opportunity for religious observance if they so choose.

The provider had a complaints policy and procedure in place that ensured people’s concerns were listened to and acted upon should these arise. People told us that if they had any concern they would discuss these with either the provider, the manager or staff on duty. People told us that they would be able to talk easily to staff about any concerns or complaints. Records showed that no complaints had been received since 2006. A record of compliments was maintained so as to record the service’s achievements and these were very complimentary. One comment recorded stated, “Tara is special because it feels like a family home. There is a low turnover of staff and the staff are always very helpful and polite.”

Is the service well-led?

Our findings

The service had a registered manager in post. It was evident from our discussions with the provider, registered manager and staff that this was a family run service and because it was a small service, people living there were treated like family. Many of the staff were related and had been employed at the service for a very long time. This meant that there was continuity of care for the people who lived at the service and staff knew the care needs of the people they supported very well.

The atmosphere at the service was open and inclusive. Staff told us they received good support from the management team. Staff told us and the provider and registered manager confirmed that they were always available should staff require guidance and support. Staff told us that they enjoyed working at the service and that communication was good. The registered manager told us that staff meetings were held bi-monthly so as to enable staff to have a voice and express their views. However, no minutes of meetings post 1 April 2015 were available to view. We discussed this with the registered manager and they provided an assurance that these had been undertaken, but they were unable to locate the minutes.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a monthly report. The latter reviewed the service through a number of topics, such as, the management of care, healthcare, staffing, environment, records, complaints and compliments and general

observations. Information was gathered by the management team to inform compliance or non-compliance with regulatory requirements. No areas for corrective action were highlighted as requiring improvement.

People living at the service and those acting on their behalf had completed satisfaction surveys in February 2015. These suggested that people who used the service were satisfied with the overall quality of the service provided. Comments included, 'A very good home and very good staff' and, 'It is well run and the staff are good.' Other comments from visitors and professionals concluded that the service provided was either 'excellent, very good or good.' People who used the service were enabled and supported to have a voice and to express their views about the service each month. Minutes of these meetings were evident and included the topics discussed. In some cases these recorded that the meetings did not happen as people had declined to attend.

The registered manager explained that they had participated in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. It focuses attention on the experiences of people living at the service and supports staff and the management team. This showed that the registered manager endeavoured to promote best practice to keep themselves up-to-date with new initiatives. Supervision records for staff showed that discussions had taken place with the registered manager in relation to the Care Quality Commission's new inspection methodology introduced in October 2014 and the new fundamental standards introduced on 1 April 2015.