Karlyon Care Limited

# Tamara 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? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

This was an unannounced inspection which took place on 22 December 2014.

Tamara House provides accommodation for up to 26 older people who require support in their later life or are living with dementia. There were 22 people living at the home when we visited.

Accommodation is arranged over two floors, there are stairs and a lift to get to the upper floors. The home has 26 en-suite bedrooms 25 of which have their own shower. There are also shared toilets, bathroom and shower facilities. On the ground floor, there is a large dining and living area, and access to a patio garden.

The service is required to have a registered manager but no registered manager has been in place since August 2014. 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.

We last inspected Tamara House in August 2014. At that inspection we asked the provider to take action to make improvements to the care and welfare of people, staffing, supporting staff and the assessing and monitoring of the quality of service. The provider sent us an action plan which explained how they would address the breaches of regulations. During this inspection we found improvements had been made.

# Summary of findings

People told us there were not always sufficient numbers of staff to meet their needs. However, the additional staff had and continued to be recruited and the rota confirmed improvements to staffing numbers. The manager supported staff by providing training opportunities, however, staff had not always been provided with training opportunities to meet people's individual needs. Recruitment procedures protected people, as the provider carried out the necessary checks to determine whether staff were suitable to work with vulnerable people.

People did not always receive care which was personalised to their needs, for example care plans and risk assessments were not individualised and did not give clear direction to staff about how to meet a person's needs. Which meant care may be provided inconsistently. People were not involved in creating and reviewing their own care plan and consent to their care plan had not always been obtained. People should be involved in their care plans to help ensure the care being provided by staff is in line with their wishes and required needs. Staff were aware of people's individual nutritional needs, however, documentation relating to this was not descriptive of the care required and not reflective of the care being delivered. The manager was in the process of re-designing people's care plans to ensure the necessary information was documented. People had access to health care services and services were contacted in a timely manner. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place.

Although, staff received training and were required to pass a written exam in respect of the Mental Capacity Act (MCA) and Depravation of Liberty Safeguards (DOLS) staff appeared to not fully understand how these legislative frameworks protected people to ensure their freedom was supported and respected. On one occasion an application in respect of DoLS had not been made. 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. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People were protected from avoidable harm as staff could identify the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused. People were supported by staff who promoted and showed positive and inclusive relationships. Staff were kind and caring in their interactions with people. People's independence and social life were promoted, however, people told us they were not given opportunities to go out on social trips.

People were encouraged to be actively involved in the running of the service and people's views were obtained and used to facilitate change. The manager took into consideration feedback from external health and social care professionals to enable learning and improvement to take place.

People's medicines were managed well; however, the auditing system to check if improvements were required was not effective.

The provider and manager worked well with external health and social care professionals, and promoted a positive culture that was inclusive to people, staff and visitors. However, the quality monitoring systems in place did not always help to identify concerns and ensure continuous improvement.

We found a number of breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

# 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?**

Requires Improvement

Aspects of the service were not safe.

People's care plans were not always clear about the risks associated with people's care. Which meant people, staff and others may be at risk.

People's medicines were managed safely, however monitoring processes did not always identify where improvements were required.

People were protected from avoidable harm as staff could identify the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

There were enough staff to meet their needs.

People's needs were met in an emergency such as a fire, because people had personal emergency evacuation plans in place.

**Is the service effective?**

Requires Improvement

Aspects of this service were not effective.

People received care from staff who were trained to meet their individual needs.

People were not always protected by the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Staff had a limited knowledge and DoLS applications were not always made when a person's liberty was being restricted.

People were supported to eat and drink, and any associated risks were effectively managed. However, documentation was not always accurate and reflective of people's individual needs.

People could access appropriate health and medical support as soon as it was needed.

**Is the service caring?**

Good

The service was caring.

People received care from staff who were kind.

People's feedback and contributions were valued and used to make improvements.

People's personal confidential information was held securely.

**Is the service responsive?**

Requires Improvement

Aspects of the service were not responsive.

# Summary of findings

People's care plans were not always descriptive about how to meet their care needs. This meant staff did not have clear direction about how to support people.

People's health and social care needs were communicated with external professionals to make sure people's needs were met.

People felt confident to complain and that their complaint would be responded to.

**Is the service well-led?**

Aspects of the service were not well-led.

The provider did not have a registered manager in place.

The quality monitoring systems in place did not always help to identify concerns and ensure continuous improvement. However, the provider had recognised this and had already started to take action.

Relationships with external professionals were positive.

**Requires Improvement**

# Tamara 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 checked 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 was undertaken by two inspectors on 22 December 2014 and was unannounced.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who lived at the service, one relative, one visitor, the manager, five members of staff and a visiting community nurse. We also contacted five health and social care professionals, the community nursing team, one GP practice, and a social worker.

We looked around the premises and observed how staff interacted with people. We also looked at four records relating to people's individual care needs, records which related to the administration of medicines, six staff recruitment files and records associated with the management of the service including policies and quality audits.

# Is the service safe?

## Our findings

At our last inspection we found a breach of legal requirements related to staffing. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People's care plans were not always descriptive about how to meet a person's care needs and the associated risks that could present. For example, for one person who was at risk of choking, there was no risk assessment in place about what action staff should take in the event of this occurring. This meant the person may be at unnecessary risk of harm.

People's falls were recorded to help identify trends and to make improvements, for example if a person was falling frequently it prompted a referral to a health care professional or staffing level review. However, such risks were not always accurately recorded which meant action may not always be taken. For example, for one person the recordings were conflicting, on one form it indicated they had fallen three times, but on another it showed they had only fallen twice.

People who were at risk of falling had risk assessments in place. This helped to reduce any unnecessary harm and to provide guidance and direction to staff. However, care plans did not always match the risk assessments which were in place. For example, one person had a falls risk assessment in place. However, their mobility care plan did not mention they had fallen in the past and or were at risk of falls. As well as this, the risk assessment made reference to a care plan which was not in place. This meant the care plan did not give clear guidance and direction to staff about how to meet the person's needs. At the time of our inspection the manager was in the process of re-designing people's care plans to ensure the necessary information was documented and reflective of people's individual care needs.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Tamara House and would feel comfortable about speaking with the staff or management if they were worried about anything. One person told us, "I'm quite happy…I've got the bell to ring if I need anything".

People were protected from the risk of harm as staff were able to tell us what they would do if they suspected someone was at risk of abuse. The provider's policy made reference to the safeguarding procedures for Cornwall which meant staff had access to local contact details in the event they had to raise an alert.

People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

The provider had been making improvements to staffing since our last inspection and had altered the shift patterns and recruited more staff. However, people's comments about whether there had been any improvements were variable. Comments included, "sometimes you have to wait a bit", "all I've got to do is pull that cord…they soon come", "the girls are good here but there is not enough of them" and "I feel sometimes they need more staff". One person told us, they would like to go out more, however explained "the staff have to take me…and there isn't enough of them".

Records showed staffing at weekends had increased and recruitment was continuing. In response to people's comments and the findings at our last inspection, the provider had employed a new member of staff who was responsible for ensuring people received their breakfast without delay. One person told us the breakfast experience had "improved". Staff had noticed an improvement in staffing levels, however visitors and professionals, commented the service was short staffed at times.

People's needs were assessed when deciding how many staff were required. For example, the manager audited the call bell system to see who required more support and at what times. Staffing was then adjusted as necessary. This audit also helped to identify if staff were responding to people promptly.

# Is the service safe?

People were protected by safe recruitment procedures. The provider had a policy which meant all employees and volunteers were subject to necessary checks to determine whether they were suitable to work with vulnerable people.

People's medicines were managed to help ensure they received them safely and at the correct time. People told us, "more or less get medicine at the same time of the morning" and "usually at the same time". People were able to request homely remedies, so they did not have to wait to get medicine such as paracetamol or linctus prescribed. When a person wanted to administer their own medicines people had lockable storage in their bedrooms to help manage any associated risks. Medicine reviews were currently being organised for people at the instigation of a community nurse.

Medicines were audited to check for improvement, however, the system in place had failed to address an alternative arrangement for the medicines fridge as the lock was broken, and that one controlled drug did not match the written record. Audits should always identify where improvements are required so action can be taken as necessary.

# Is the service effective?

## Our findings

At our last inspection we found a breach of legal requirements which related to how staff were supported and trained. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found improvements had been made.

Staff received induction, training, supervision and appraisals to help support them to carry out their job. Two recently recruited members of staff confirmed they were in the process of their induction. Staff were expected to complete training associated with their role, but there were gaps in the training records which showed staff had not undertaken all of the training identified on the provider's training matrix. The manager was aware of the importance of specialist training and was in the process of speaking with district nursing staff to arrange forthcoming training.

External health care professionals told us they felt staff were adequately trained and competent to meet the needs of people.

The manager had some knowledge of their responsibilities regarding DoLS however there had been no application made for one person whose liberty was being restricted. The manager explained that she would make a referral for this person as soon as possible. Staff demonstrated a limited knowledge of the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People were asked for their consent before being supported. For example, a member of staff before assisting a person with their napkin/tabard asked "can I put this on you"? One person told us, "you are not ordered to do anything".

People told us the meals at Tamara House were nice. Comments included "I can choose what I like", "I get enough", and "quite a variety". One person told us they preferred their main meal at 5pm instead of at lunch, and this had been accommodated.

People told us they were offered choices regarding their meals, and we saw records to demonstrate this. People had jugs of water in their bedroom which was replenished by staff throughout the day. However, one person told us, "I get a bit sick of water all the time". We spoke with the manager about this and about whether people were being offered choices. The manager told us there were always a choices of juices in the kitchen that people were offered, but told us she would remind staff.

People's dietary needs were known to the chef. People who had diabetes enjoyed the same puddings as others because the chef used a sugar substitute. This meant people received the correct diet as well as the food they liked.

People's care plans had information about food and drink and when concerns had been identified risk assessments were in place. However, care plans did not always provide guidance and direction for staff when a person was at risk of not eating and drinking enough. For example, one person had a food and fluid chart to record their daily intake however, from reading the person's care plan it was not clear why. The care plan did not detail the expected amount the person should have. One person had lost weight; however, the care records did not show what action had been taken.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff responded to their care needs. One person commented they could see a doctor when they were unwell and another person said, "staff tell me when they are arranging for someone to come in". However, one person told us they felt it was not always possible to see a doctor. We spoke with the manager about this who told us they were currently in discussions with the GP practice to try and arrange a regular day for a doctor to visit. This showed the manager had already recognised people were unhappy and was making improvements.

External health professionals told us the manager coordinated people's medical needs well. There was a positive relationship with the manager and staff, and they

# Is the service effective?

raised concerns in a timely manner. Communication had improved, request for medical advice and visits had been appropriate and any medical instructions regarding treatment were carried out.

People had not been able to access hot water at all times because there had been continued problems with the heating and water system. Comments included, “for three weeks they had to get a jug of water and bring it up to me” and “I noticed this morning for the first time it was definitely a lot warmer”. The manager explained the difficulties they had been having ordering a new part. In the meantime, hot water was available in other areas of the home, and they were keeping people updated.

# Is the service caring?

## Our findings

People spoke positively about the staff who worked at Tamara House, comments included, "If I want any help I can get it…they are very helpful", "they cater for friends and family really well", "we have a bit of fun, they are very good to me, I can assure you", "they are a nice lot of girls…kind" and "there are two of them who are really outstanding…they seem to be eager. However, we were also told "you get the odd one now and again [not as good as others]…you have to get used to them".

A relative told us they were welcome to visit any time. They said they thought Tamara House was "great" and explained they could pick up the phone at any time to speak with the manager or staff about their loved one. A member of staff told us, "I look after people with kindness compassion and dignity, I always make time… it's the main part of being a carer".

People told us they chose when they wanted to get up and go to bed and staff respected this. For example, one person was enjoying a lie in, and staff brought the person a cup of tea in bed.

People were supported by staff who took an interest in them. For example, one person was complimentary about a member of staff who had taken time to plan a birthday treat. The member of staff had listened about the local place the person had enjoyed visiting in the past and they went there on the person's birthday. The person expressed how much this had meant to them.

People, who displayed a behaviour which challenged staff, were not always spoken with in a way which was appropriate or met their needs. For example, one person was told several times in front of others to "sit down". This did not respect the person or other people. We spoke with the manager about this; the manager was disappointed and explained she would speak with the staff.

People were able to express their views by attending residents' meetings. Meetings were used to obtain people's feedback and the feedback was then used to make any required changes. For example, people had said they would like a doctor to visit more regularly. We spoke with the manager who confirmed discussions were taking place with the GP practice. This demonstrated people's opinions were valued. People spoke with the chef on a daily basis to give their feedback about the meals. The chef used the feedback to adjust the menu or people's individual preference list.

People's personal confidential information was held securely. However, there was information regarding people's mobility displayed in communal areas which did not protect people's privacy, dignity or confidentiality. We brought this to the attention of the manager to take action.

# Is the service responsive?

## Our findings

At our last inspection we found breaches of legal requirements which related to how people's care was planned and delivered. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found improvements had been made but improvements were still required in respect of the accurate recording of people's care.

Care plans did not always give guidance and direction to staff or reflect people's care needs. For example, one person told us they shaved independently, however, from reading the person's care plan it stated they were assisted by staff. Another person chose at times to have a breakfast cereal for lunch rather than the main meal; however, this was not documented in the person's care plan. Records should be up to date and show how people wish and require their needs to be met, otherwise care delivery will be inconsistent amongst staff.

For a person who lived with diabetes, dietary care plans had limited information. Additional information related to this care need was disorganised and unclear. Another person lived with disease of the nervous system; however, their care plan was not descriptive about what this meant for the person or for the staff supporting them. This meant staff did not always have the necessary information required to meet people's needs and consequently care needs may not be met consistently by staff.

The manager recognised the improvements which were required in respect of care records and explained and showed us people's care plans were in the process of being re-designed to ensure the necessary information was recorded.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always involved in their care plans, and it was not clear when care plans had been updated by staff and whether the person had been involved in the decisions which had been made. People should be involved in their care plan to help ensure their care plan is reflective of their wishes and addresses all of their health and social care needs.

People's likes and dislikes were recorded in care plans, however the information was disorganised. The manager showed us a new care plan which had been designed and was going to be implemented. The care plan was clear about identifying people's preferences, previous interests and their past history. This would help to ensure people's individual choices would be known to staff so care could be personalised.

People were offered a variety of social activities within the care home. External trips were arranged by the League of Friends who were able to provide a mini bus. People were given the option about whether they wanted to participate in activities or not. For example, one person told us, "there are things down there [downstairs] but I choose to stay up in my bedroom". A relative told us they would like trips out to be an option, but understood the difficulties with transport. A member of staff told us, "I'd love to go out with them…it's hard to cater for every need". One person told us, "I would like to go out". Feedback was provided to the manager to enable action to be taken.

People told us if they were unhappy they would complain to the manager or to the staff. Comments included, "I can talk to [the manager], I get on very well with her" and "If unhappy I would let them know. The complaints file showed people had complained and their complaint had been dealt with.

# Is the service well-led?

## Our findings

At our last inspection we found breaches of legal requirements which related to monitoring the quality of the service being provided. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found improvements had been made.

The manager had made a number of changes since being in post regarding staffing, recruitment, and care documentation. The manager told us that she was spending time creating good links with external professionals such as the GP practices and local hospital discharge teams. The manager however, was not registered with the Care Quality Commission, and we advised the manager to progress this.

Not having a registered manager in place is a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

Although there was a quality monitoring system in place, the auditing of the environment had not identified where improvements were needed such as two stained carpets, a ripped bathroom floor and peeling paint. One person told us their taps had been wobbling for some time but had not been fixed. One room was currently under re-construction, however the room was unlocked and there was fibre glass insulation in reach and the window restrictor had been disconnected. This meant people could be at risk if they entered the room.

The systems and processes in place for the auditing of care planning documentation were ineffective in identifying where improvements were required as care plans did not always reflect people's needs and risks associated with people's care. Medicines were being audited but the system in place had failed to identify or address the issues we identified.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recently introduced a new quality assurance role; this person would be visiting Tamara House on a monthly basis to carry out audits, and create action plans for improvement. This demonstrated the provider had recognised the current system was ineffective in identifying where improvements were required and was taking action to address this.

People were protected by the provider's whistle blowing policy which encouraged staff to raise concerns about poor practice in confidence, offering protection and anonymity. One member of staff told us, "if I think or find something wrong then I would whistle blow".

Tamara House had a manager who spoke passionately and was motivated about delivering good care, and was determined to make improvements. The manager was involved in the care of people and was knowledgeable about people's individual care needs. One member of staff told us, "[the manager] is very fair… firm but fair. If there is a problem, like someone phoned in sick she's the kind of manager who will come in and help".

An external health professional told us the recent change in management had brought with it a willingness to engage in new ideas.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 5 (Registration) Regulations 2009 Registered manager condition<br><br>Regulation 5(1)(a)(b)(i)(ii) of the Care Quality Commission (Registration) Regulations 2009.<br><br>The provider did not have a registered manager in place. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision<br><br>Regulation 10(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The registered provider did not have an effective system in place to regularly assess, identify, manage and monitor risks relating to the health, welfare and safety of people. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The provider did not ensure people were protected from the risks of unsafe and inappropriate care and treatment as accurate records were not maintained. |