

Prime Life Limited

# Tamar House

## Inspection report

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Date of inspection visit:  
23 January 2019

Date of publication:  
14 February 2019

### 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 ●

# Summary of findings

## Overall summary

### About the service:

Tamar House provides accommodation, care and support for up to 13 people who experience learning disabilities or autistic spectrum disorder. There were 12 people living at Tamar House at the time of the inspection.

The registered manager and staff worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

### People's experience of using this service:

People continued to receive a safe service and were protected against abuse, neglect and discrimination. Staff were trained to recognise signs of potential abuse and how to manage and report any situations in which people may be at risk.

There were enough staff with the right skills and knowledge to provide person centred care for people. People were supported with good nutrition and were able to access appropriate healthcare services when they had need.

People were treated with dignity and respect and their privacy was maintained. They were supported to make choices and decisions for themselves and encouraged to express their views and opinions.

The registered provider maintained systems to monitor and continuously improve the quality of services provided for people.

### Rating at last inspection:

Tamar House was last inspected on 20 July 2016 (published 15 August 2016) and was rated as good overall.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. Tamar House remained rated good overall. The rating of requires improvement for the safe section applied at our last inspection had been increased to a good rating.

### Follow up:

We will continue to monitor intelligence we receive about Tamar House until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Tamar 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 as part of our regulatory functions. This inspection checked whether the provider was 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Tamar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out of the house engaging in occupational or leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

During the inspection visit, we spoke with eight people who lived in the home and observed how staff interacted with them. We spoke with two relatives, two staff members, the registered manager and the area manager. Following the inspection visit we also spoke with the registered provider's nominated individual. Throughout the report we refer to this person as the registered provider's representative.

We looked at the care records for three people and we undertook a tour of the premises with a person who lived there and the registered manager. We also looked at records in relation to the management of the home such as quality assurance checks, staff training records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People told us they felt safe living at Tamar House. One person said, "Yeah, very safe thank you." Another person nodded, smiled and pointed at a staff member when we spoke to them about feeling safe.
- Staff demonstrated their understanding of how to recognise if anyone was at risk of abuse and how to report any concerns they had for people's safety. This included external agencies such as the local authority and police.
- Staff told us they had received training about how to manage any safety concerns and training records confirmed this.

Assessing risk, safety monitoring and management:

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- People's care records included management plans for assessed risks and were regularly reviewed.
- During the inspection we observed staff supporting a person, in line with their management plan, to reduce the risks of heightened anxiety which may lead to behaviours that could be a risk to them or others. This proactive support meant that the person was able to continue with their day in a relaxed way and enjoy positive social interactions.

Staffing levels:

- At our last inspection in July 2016 we found that there was not always enough staff available to fully meet people's needs. During this inspection, people we spoke with said that staff were available when they needed them. One person said, "Staff help me out every day; there's always someone around."
- We observed staff responded promptly to people's requests for support and took time to socialise with them. However they had continued responsibility for tasks such as cooking and cleaning which reduced the time they had to spend with people. Following the inspection, we spoke with the registered provider's representative about this, and they told us they had taken action to review the deployment of staff within the home.

Using medicines safely:

- Arrangements for the storage and administration of medicines were in line with good practice and national guidance.
- The registered manager carried out regular audits of medicines arrangements and records. They also showed us the procedure for handover of medicines between staff at shift change over times. This enabled

early identification of any issues so that prompt action could be taken. There had been no medicines errors recorded since our last inspection.

- The registered manager told us how they had committed to the STOMP initiative (Stop over medication of people with a learning disability, autism or both). This is a national project involving many different organisations which aims to stop the over use of certain medicines for people who experience a learning disability. STOMP is about helping people to stay well and have a good quality of life.

Preventing and controlling infection:

- Staff demonstrated their understanding of how to prevent and control infection and records showed they had received training about the subject. We saw that they followed good practice guidance, for example, with hand washing. We also saw that they guided people who lived in the home with good practice in this area, such as disposing of tissues correctly after use.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and monitored by the registered manager. Action was taken to prevent any future re-occurrence and to ensure continuous improvement.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and wishes were assessed before they moved into the home. This was to ensure they received the right care.
- One person had recently moved into the home with short notice. The registered manager had worked with social care professionals to ensure they had enough information to help keep the person safe and well. The registered manager explained how the initial assessment had taken into account the needs and wishes of other people who lived at the home. Short term care plans had been developed and the registered manager showed us that assessment of the person's needs and wishes remained on-going. When we spoke with the person they told us they liked living at Tamar House and had settled in well.

Staff skills, knowledge and experience:

- Records showed that staff received training which was related to people's individual needs and other topics the registered provider said were essential. Staff we spoke with said the training package helped them to understand people's needs and keep up to date with good practice.
- Staff told us they had regular supervision sessions with the registered manager. They said that this enabled them to review their development needs and discuss any issues they had. They added that the registered manager was always available to speak with in between supervision sessions and they felt well supported in their work.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were complimentary about the food and drinks provided. One person said, "Lovely, I enjoy mine [food]." Another person commented about the flexible menu saying, "If I don't like it I get something else." The menu set out various options for meals and staff told us that people sometimes chose not to follow the menu. Staff were aware of how to promote healthy eating whilst respecting people's choices.
- During the inspection we observed that hot and cold drinks were offered regularly and staff offered fresh fruit as snacks. The lunch time meal looked appetising and there was plenty available for people to have extra helpings if they chose to.
- Care records showed that people's dietary needs had been assessed and planned for including, for example, diabetes. One person required lots of encouragement to eat and drink; we saw staff carefully followed the person's care plan, offering the person different options and places to eat their meals and offering frequent snacks they knew the person preferred.

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

- People had been supported to personalise their bedrooms; those we were invited to see reflected the person's interests and preferences.
- Some areas of the building required attention in respect of re-decoration and maintenance. For example, the wallpaper on the main lounge ceiling was not adhered properly and the flooring in a first-floor bathroom had a tear. Immediately after the inspection, the registered manager informed us that actions had been taken to address these issues.

Supporting people to live healthier lives, access healthcare services and support:

- People told us they were supported to see their GP whenever they needed to. One person also described how they had been supported with a health need at a local hospital.
- Records showed people had appropriate access to healthcare services such as chiropodists, dentists and opticians. We also saw that staff referred people for specialised support such as speech and language therapy if there was a need.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw they asked people for their consent before they carried out any support and knew how to communicate information so that people understood what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff supported people in the least restrictive way possible. The policies and systems in the home supported this practice. DoLS applications had been made in accordance with MCA procedures and staff understood the authorised restrictions that were in place.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- When we asked people if staff supported them and treated them well, we received unanimously positive responses. One person gave us a 'thumbs up' sign and a smile to indicate their satisfaction. Another person said, "They're very good; they help me with lots of things."
- Relatives we spoke with said they were happy with the support their family member received. A relative commented, "I judge it by [family member] always being happy to come back after we've been out. We're happy with everything."
- We observed people were comfortable in the company of staff and the registered manager. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as a cuddle or hand holding, when they needed such.
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when managing people's mood changes to avoid any deterioration in their behaviour. They also understood and considered people's non-verbal communication; they told us this could indicate when someone was unhappy or anxious and enabled them to respond proactively to their needs.

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

- Throughout the inspection we saw people were able to express their views about their care and make decisions about what they wanted to do. The minutes of house meetings showed that people also had a more formal opportunity to express what they wanted, such as changes to the menu or the types of social activities they wished to engage in.
- A person described to us how their key worker spoke with them regularly about the care and support they received. They commented, "My meeting is due soon with [staff member]; she's my key worker; we talk about my file and what I want."
- Information about advocacy services was available for people in pictures and words so that everyone could access the information. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence:

- Staff made sure that people were supported in private with their personal care needs. If people were in a communal area, staff spoke with them in lowered voice tones when asking them if they wanted help with their care needs.
- We noted that staff took time to ensure people were supported with their appearance. For example, some

of the ladies who lived in the home told us how they enjoyed having their nails painted. A staff member said, "We do it regularly because it's not nice to have chipped nail polish, I wouldn't want that." We saw that the gentlemen who lived in the home were supported to shave regularly or have beards and moustaches trimmed and kept neat.

- People were encouraged to maintain their independence as far as they wished to, and were able to. For example, staff encouraged people to help with their laundry and cleaning their bedrooms. However, most of the people we spoke with said they often chose not to join in with those activities. One person said they sometimes liked to help prepare potatoes for meals which they were encouraged to do.
- Staff understood the importance of keeping people's personal information securely. They told us they would only share information on a need to know basis, such as with healthcare professionals if a person was not well. People's personal records were usually kept securely in a locked cupboard within the registered manager's office. However, on the day of inspection one of the cupboard hinges had broken. The registered manager took steps to have it fixed and we noted that the office door was locked when not in use thus aiding security.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care:

- The registered manager was aware of the Accessible Information Standard (AIS). This standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss.
- Information was available around the home in pictures and words so that it was accessible for people. One person who had limited verbal communication and used signs to assist their communication, showed us a picture based version of our previous inspection report. They indicated through signing and facial expression that they understood the information and what it meant for the home.
- Care plans were person centred and addressed people's individual needs, wishes and preferences. They included information about how staff should support people's privacy and dignity as well as issues such as social inclusion and communication. One person helped us to look through their care plan and talked about what it contained; they commented, "It's all about what I want." Records demonstrated that regular reviews of care plans took place.
- We saw that people were supported to engage in hobbies and activities that interested them. One person showed us their cross-stitch work and another told us about a regular trip to a local farm which they enjoyed.

Improving care quality in response to complaints or concerns:

- The registered provider had a complaints policy in place which the registered manager and staff were aware of. There had been no complaints about or to the home in the previous 12 months.
- The policy was displayed in the home, in a picture and word format, for people to use should they need to. People we spoke with told us they would speak to the registered manager or any staff member if they were not happy with anything. One person told us, "They would make things get better if something was wrong."
- Relatives we spoke with told us they knew how to make a complaint if they needed to. One relative said, "We know how to raise complaints or concerns if we ever needed to, but we haven't got any."

End of life care and support:

- People's wishes and preferences for how they wished to be cared for at the end of their life were recorded in their care plans. At the time of the inspection, no-one who lived at the home was receiving or required end of life care.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- We saw that the registered manager had developed an open culture within the home and promoted positive team working practices. People who lived in the home and staff told us they felt well supported by the registered manager and could speak with her whenever they wished to.
- We saw that the registered manager was visible within the home and demonstrated a clear understanding of people's individual needs and preferences.

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

- Systems were in place to monitor the quality of the services provided for people who lived in the home. The registered manager told us that senior managers within the organisation visited regularly to provide support and monitor the quality assurance systems.
- The registered manager carried out regular audits of areas such as promoting people's dignity, accidents and incidents and the management of people's health needs. Where issues were identified, actions had been taken to make improvements. Staff told us that the registered manager kept them informed of the outcomes of audits so that they could develop and improve their practice.
- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents that affected people who live in the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered provider had set out their vision and values which reflected the principles of high quality standards of living and person-centred care.
- Systems were in place to ensure compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

Continuous learning and improving care; engaging and involving people using the service, the public and staff:

- People told us they could share their views about the home and express any ideas they had. They told us

they could do this during their keyworker meetings and house meetings. One person showed us how they had the opportunity to complete satisfaction surveys and we saw the results of the surveys were displayed for people to see.

- Staff told us that they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- The registered manager attended regular networking meetings with other managers in the registered provider's organisation to keep themselves up to date and to share best practice.

Working in partnership with others:

- The registered manager told us how they worked in partnership with local community organisations, commissioners of services and health and social care professionals to promote people's well-being.