HICA

Tamarix Lodge - Care Home

Inspection report

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Date of inspection visit:
22 May 2018

Date of publication:
18 June 2018

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

This was an unannounced inspection which took place on the 22 May 2018.

At our last inspection we rated the service good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Tamarix Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides accommodation and personal care for a maximum of 37 older people, some of whom may be living with dementia. It is located in the seaside town of Withernsea, in the East Riding of Yorkshire. At the time of our inspection 34 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

Systems and processes were in place that helped keep people safe from harm and abuse. People told us they felt safe at the service. The registered manager and staff were aware of their responsibilities for ensuring that people were kept safe. Risks were assessed and managed. Staff were recruited safely and there were sufficient staff to meet people's needs. Medicines were managed safely.

People received an effective service because their needs were met by staff who were trained and supported to do their job. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were observed being kind to people and respecting their dignity and independence. Feedback from people and their relatives was positive.

People's nutritional needs were met by staff who knew people's needs well. People's health and wellbeing was maintained and provided through a range of health and social care professionals.

People were involved (where possible) in their personalised care plans and reviews. These plans gave staff the information they needed to provide the care and support people needed. Care plans and daily notes were informative and were kept up to date.

People were encouraged to take part in a range of activities that they enjoyed, some were planned and others were the choice of people at that time. This helped reduce the risk of social isolation.

People and their relatives we spoke with told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

People received a service that was well led because there was a registered manager in post who was approachable and provided good leadership. People and staff were encouraged to share their views about the service being provided. Quality assurance systems were in place to check that the service provided quality care and made improvements where necessary.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Tamarix Lodge - Care 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 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.

This was a comprehensive inspection and took place on 22 May 2018 and was unannounced. It was carried out by one inspector and an assistant inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority who had no concerns about the service.

During the inspection we observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times. We spoke with four people who lived at the service, four visiting relatives, four care staff, a visiting hairdresser and district nurse. The registered manager and a regional manager for the registered provider were available throughout the day.

We looked at five people's care plans along with the associated risk assessments. We also reviewed a selection of documentation relating to the management and running of the service. This included audits, policies and procedures, recruitment information for three members of staff including induction and training records. We completed an observed walk around the premises to check general maintenance as well as the cleanliness and infection control practices.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe. One person said, "Yes [I feel safe]. I love it [the service]. I didn't think I would end up here but I wasn't managing." A relative told us, "Yes [relative is looked after] extremely well." We observed people were comfortable and at ease with the staff at the service during the inspection.

There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and we saw they had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff were able to confidently describe to us the types of abuse people were at risk from, and what they would do if they were concerned.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, risks associated with mobility, choking, skin integrity and nutrition/hydration. These records had been regularly reviewed and updated. Staff confirmed they were aware of the risk reduction measures in place and how to carry out activities in a way that protected people from harm. One told us, "If we can't get them [the person] up on our own we would use equipment such as handling belts." Another said, "We do checks [on people] all the time. If people are in their wheelchairs we make sure feet are on the footplates." Accidents and incidents were monitored for any trends and reviewed to learn lessons and identify where improvements could be made.

We looked around the building and found the environment was clean and decorated to a good standard. The service felt very homely. There were systems in place to ensure the prevention and control of infection was managed. Staff appropriately used personal protection equipment (PPE) such as gloves and aprons during their duties to help prevent the spread of infection. We noted these were securely stored in locked cupboards and bathrooms.

Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. Personal emergency evacuation plans were in place to inform staff about the support people needed to leave the building in an emergency such as a fire. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. A fire safety risk assessment was in place. These safety checks meant that people were kept safe in the event of an emergency.

Medicines were safely managed. Senior staff had been fully trained in all aspects of medication, annual checks of practice were undertaken to check the competency of staff and training was refreshed every two years. Medicines were securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them.

Robust recruitment practices were in place and sufficient numbers of staff were available to fully meet the needs of the people living at the service. Recruitment records included fully completed application forms,

interview records, verified references from up-to-date employers and disclosure and barring checks. This meant the registered provider ensured that only applicants of good character were employed to support the people living at the home.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. Staff were knowledgeable about the people they supported. A healthcare professional told us, "They [staff] advocate for the service user and be there voices as they have really good relationships with the service users and know them well." A relative said, "Yes [staff are] very [approachable], they ring me if [relative] has a fall or anything. They are a good bunch." A person living at the service told us, "Nothing is too much trouble for them [staff], any problems you can go to them. If you're not well they are really on the ball."

People were supported by staff that had the necessary training to meet their needs. Staff had received mandatory training in areas relevant to their role such as safeguarding, moving and handling, medication, Mental Capacity Act (MCA) 2005, infection control and fire safety. Staff confirmed that an induction programme was in place.

We looked at supervision and appraisal records for staff. We noted there were gaps in these records. The registered manager told us this was because the service had been without a deputy manager. They went on to tell us a deputy manager had been recruited and was due to start at the service. Staff told us, "I've just had mine [supervision] a few months ago" and "I have had two [supervisions] in a year; they go through how were doing any problems. We go through my strengths and weakness and improvements and ask if we want more training."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service operated in accordance with the principles of the MCA. People confirmed that their consent was sought in relation to care and treatment and records supported this. Care plans held information about people's capacity and best interest decisions were evidenced.

People were supported to eat and drink in line with their assessed needs. We saw people had support plans relating to food and fluid. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been asked for, and provided. We observed a lunch time meal service and it was sociable and well organised. People who required additional support received it. Staff were attentive to people's individual needs. People that were at risk of malnutrition or dehydration were monitored and records were fully completed. People's weights were recorded regularly.

People were supported to maintain good health and had access to healthcare services. People received support from a variety of professionals such as a GP, nurses and chiropodist. A relative told us, "They [staff] ring me; they rang last week to say they were getting a GP out for [Name]."

The premises had been adequately adapted and were suitable to meet people's needs. There was signage in place to support people to orientate themselves and be able to distinguish between bedrooms and bathrooms.

Good

Is the service caring?

Our findings

Staff were observed to be warm and kind to people when they interacted with them. There was a calm and relaxed atmosphere in the service. We observed humour and empathy which demonstrated staff had developed positive relationships with the people they supported. One person told us, "[The staff] are really friendly." Another said, "It's really nice [the service]. Everyone is so nice." Relatives commented, "I really like it, they [staff] look after her" and "[Staff] are lovely, they always say hello."

We spent time observing care practices in the communal areas of the service. We saw that people were consistently respected by staff and treated with compassion. We heard staff address people respectfully and explain to people the support they were providing for them. Staff knelt or sat down when talking with people so they were at the same level. Staff were patient and waited for people to make decisions about how they wanted their care to be given. For example, we observed one person being supported to eat their dessert at lunchtime. The staff member checked with the person the dessert wasn't too hot, and that they were enjoying what they were eating.

Staff interacted with people at every available opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often sharing a joke with them. People were smiling, laughing and appeared to be engaged with staff and their environment.

It was clear from discussions that the staff we spoke with knew people very well, including their personal histories, preferences, likes and dislikes and had used this knowledge to form positive relationships with people. One member of staff told us, "I get to know people very quickly by spending time with them. I like to talk to them and find out about the past. There's one person who used to be a [occupation] and their stories are unbelievable."

The service had made attempts to include people in the care they received. Each plan of care we reviewed contained an 'essential lifestyle plan' (ESP) which was linked to the main care planning. This contained an overview of people's abilities in areas such as independence and communication. For example one person's ESP stated 'I am able to understand straightforward instructions and make my own decisions.' People had signed to say they agreed with the information held in their plans of care (where able).

We saw staff responded promptly to any requests for assistance and were emotionally supportive and respectful of people's privacy and dignity. A member of staff told us, "I always say excuse me when [assisting a person with] washing. I make sure they are covered with towels and doors and curtains are closed."

People's differences and preferences were respected. We saw people were able to maintain their identity; people chose how and where to spend their time and wore clothes of their choice. People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, they contained information on people's religious beliefs, gender, communication and significant relationships.

We saw information was available for people to access to independent advocates if they wished. Advocates provide independent support for people to express their views and ensure their rights are upheld.

Personal information relating to people or staff was stored securely in a locked room. Some documents were stored on computers which were password protected. This meant that information was stored confidentially.

Good

Is the service responsive?

Our findings

People and their relatives confirmed people received care that was responsive to their needs. People's comments included, "I'm always asked [if there is anything I want] and I wouldn't have to ask twice for anything" and "I am very happy here if I want something and they don't have it they sort it for me." A healthcare professional told us, "If I ask them [staff] to keep an eye on things and monitor to update us; they always do. They allocate a staff member to come round with me which is really helpful. They do this for the residents to reassure them and so there is someone there they know, it really makes our job easier."

People's care plans were developed from the assessment process and reviewed as and when necessary, and at least every month. Although people we spoke with could not always recall being involved in the planning of their care, it was evident from the information we reviewed that they and their relatives had been involved in the assessment of their needs and the development and review of their care plans. One relative said, "I try to attend [reviews]. We are invited to lots of things." Another told us, "We attended one [review] about two months ago."

The care plans we reviewed were person centred, informative and provided staff with enough information to care for people in the way they preferred. One section of the plan was called 'getting to know you' and contained details about people's lives such as previous occupations, family/siblings, hobbies, religious beliefs, education and favourite music.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. The registered manager told us they had been to a presentation regarding the AIS and held some knowledge. We saw that people's communication needs were recorded as part of the services care planning process which indicated people's ability to communicate and any support they needed. This approach helped to ensure people's communication needs were met.

The service employed an activities co-ordinator for 35 hours a week who organised planned 1:1 and group activities such as gardening, jigsaws and pamper sessions. An activity picture board was on display which contained information on what activities were available. One person told us, "I lead the quizzes and bingo. The manager bought me a quiz book to do it. There are lots of activities." Relatives said, "[Name] gets taken out. They have been to Christmas parties, the vicar comes in and they have karaoke" and "Activities that [Name of staff] does are really good. Our relative has a life book and she does work with her on that."

A complaint policy and procedure was in place and visible in the service. People told us they were aware of how to make a complaint and were confident they could express any concerns. One said, "If I was unhappy I would go and see [Name of registered manager]. We see her a lot." A relative told us, "Yes, [would go to the manager with any concerns] she's very approachable." The service had not received any formal complaints since our last inspection.

Staff had received training in care of the dying. We saw people's care plans recorded as much as possible to ensure a pain free and dignified death. They contained some evidence of discussions with people about end of life care which was gathered during the care planning process. This helped to ensure people could be supported to stay at the service if they wished.

Good

Is the service well-led?

Our findings

There was a registered manager 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 staff told us, and we observed, the registered manager was visible and available should they need support, advice or guidance. One person said, "[Name of registered manager] is lovely. It [the service] is very good." Relatives told us, "The manager is very approachable. If I had any concerns I would go to her" and "If I had any concerns they would be on that manager's desk. The place is lovely. They [manager and staff] have taken all the worry away from me."

We saw that relatives had good relationships with the registered manager and staff, and were comfortable when holding discussions with them. The service worked well in partnership with other organisations such as community nurses, social workers and GPs. One healthcare professional told us, "I come here most days and have done for nine years. It's the best home we come to, such a nice atmosphere."

People, their relatives and staff we spoke with were complimentary about the quality of the service and told us they participated in meetings to enable them to express their views. There were regular meetings held including the registered manger and the staff team. These included sharing updates and learning from each other. Meetings were held for people using the service. We reviewed the last meeting held in May 2018 and saw suggestions for activities had been discussed alongside respite placements and planned refurbishments at the service. A 'cheese and wine' meeting had been held for people and their relatives in May 2018. New staff were introduced, the complaints policy was discussed and people were asked if the home could improve in any way. All of the comments were positive.

The registered manager had carried out regular quality assurance surveys where they had sought peoples, staff, relatives and other professional's views and opinions on the quality of the service. We reviewed the surveys people had completed in October 2017 and saw the results had been positive. A comments box was available in the entrance hall to the service with feedback forms for people to complete. One comment suggested that staff should wear name badges. We saw this had been addressed and staff were wearing name badges.

Regular audits were carried out to ensure that the quality of the service was monitored to identify if there were any areas for improvement. Independent audits were completed by external staff for the provider. For example, an audit had been completed in January 2018 which looked at areas including care plans, the environment, medicines, staffing, and supervisions. We saw it had been highlighted that the frequency of staff supervisions had declined. We discussed this with the registered and regional managers during the inspection as we had also highlighted this issue. They assured us steps had been taken to improve this with the recruitment of a deputy manager. The registered manager carried out regular audits in key areas such as infection control, medicines, accidents and staffing. All audits and checks were shared with the provider to

help them monitor the performance of the service.

The provider had all the required policies and procedures that were written in line with good practice guidelines and these were regularly updated. The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they were required to be open and honest with people when anything went wrong such as in response to complaints.