Karlyon Care Ltd

Tamara House

Inspection report

Thanckes Close
Torpoint
Cornwall
PL11 2RA

Tel: 01752813527

Date of inspection visit:
13 September 2017
18 October 2017
19 October 2017

Date of publication:
04 December 2017

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

Tamara House provides care and accommodation for up to 26 older people some of whom are living with dementia. At the time of the inspection there were 25 people living in the service.

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.

Some of the people who lived in the home had limited communication therefore we spent time observing some people. Other people were able to tell us their experiences of living in Tamara House.

At the last inspection, on the 27 and 28 April 2016 the service was rated Good overall. We carried out this inspection because we had received information of concern. This information stated safeguarding issues were not always being investigated or reported to the local authority and CQC as required. Concerns also included allegations that people who had fallen did not receive prompt medical assistance; people were being put to bed fully dressed and without suitable night attire and that medicines, in particular medicines that required additional security, were left in the kitchen for night staff, who hadn't received the necessary training, to administer. The information of concern stated that staff were unable to access food and drink from the kitchen overnight, which meant people who required or requested additional food and drinks were unable to have any. We heard there could be a lack of infection control management, possibly soiled sheets being put through a normal wash, at normal temperature and being placed back on people's beds unclean; also that the kitchen was unclean, with dead flies left lying around and people not having water jugs in their bedrooms. Concerns were raised that call bells were not left within people's reach to call staff for assistance, staff not receiving adequate training and commencing work without completed security checks in place; and staff working extra hours due to shortages of staff.

In response to these concerns we undertook a focused inspection on the 13 September and changed this to a comprehensive inspection and visited on the 18 and 19 October as we needed additional information to assure ourselves that people remained safe.

We spoke to the local authority safeguarding team as this information/complaint had been forwarded to them as a safeguarding alert and we requested the outcome of their investigation. They confirmed they had visited the service and reviewed some care plans for people. They were satisfied the care plans held relevant information including completed risk assessments and evidence of referrals to appropriate healthcare professionals when needed. The safeguarding lead confirmed they had met with the provider and registered manager and concluded the meeting was open and transparent. They stated they were reassured over the concerns raised. For example they felt reassured that people were able to obtain food and fluids at any time, the premises were clean and people remained safe.

On the first evening of our inspection there was a potential risk to people in the event of a fire. This was because there was no information given to staff, who were not completely familiar with the service, relating to the fire processes and procedures of the home. However both care workers were experienced in care and one of them stated they knew people well enough to know how they would need to be supported in an emergency.

During the next inspection on 18 and 19 October, the registered manager, who had not been available during the focussed inspection explained night of 13 September, had been an emergency situation and rather than use agency staff who did not know the service, they had used someone who had worked there previously alongside a new but experienced carer. There was a senior staff member available on call if required which the staff members knew about. The registered manager and staff confirmed that no one currently living in the service required the assistance of two members of staff at night. New staff have now been employed and had completed fire safety training, as required. However there was no process that ensured staff who had not worked in the home before would know the fire procedures and processes.

On the follow up visits, on the 18 and 19 October 2017 staff spoken to on these visits all confirmed they had completed fire safety training and understood and where able to locate the emergency evacuation procedures for people. The training matrix recorded training staff had completed.
People's medicines were stored safely and securely, including those which legally required additional storage. Medicines were stored in locked trolleys secured to the wall in the main office. People received their medicines safely however not all medicines records had been signed. There was errors in the recording of medicines that required additional security and they had not been investigated. The registered manager took immediate action to investigate the error during the inspection and changed procedures to ensure safe practice on medicines.

At the inspection of the 18 and 19 October we looked at staff rotas and the needs of people currently living in the service. We found the registered manager had taken action to address the issues over staffing levels. We found the service had sufficient staff to meet people's needs. People, staff, relatives and professionals all agreed the service had sufficient staff on duty.

One relative said; "Mum is safer here than at home on her own." While another said; "Oh definitely safe here! Cannot fault anything about their care." One person said; "Excellent place. Safe and that's because of the staff here."

People were protected by safe recruitment procedures. People were protected from harm as staff had completed safeguarding training. Staff understood how to report any concerns and what action they would take to protect people. Staff told us they felt confident any incidents or allegations would be fully investigated.

People continued to receive effective care and support from a staff team who were knowledgeable and had the skills required to effectively support them. Staff were competent and trained well. People had the support needed to help them have maximum choice and control of their lives and staff supported people in the least restrictive way possible. Policies and systems in the service supported good practice. People's wellbeing and healthcare needs were monitored by the staff and people accessed healthcare professionals when required.

People all agreed that the staff team were very caring. We observed staff being patient and kind. There was a happy relaxed atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. One person said;

"Very very happy here. The staff are wonderful and we have a great time." A relative said; "Very pleased with mums care."

The staff team remained responsive to people's individual needs. Personalised care and support was provided to each person to help ensure people were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "Never had any complaints. Lovely place."

People were supported to take part in a range of activities according to their individual interests. A designated activities co-ordinator was employed to arrange activities that people enjoyed. Trips out were also being planned for people.

The service continued to be well led. People and staff told us the registered manager was approachable and made themselves available. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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

People were not fully protected from risk.

The processes to ensure new or emergency staff understood fire processes were not robust enough.

People received their medicines as prescribed. People's medicines were administered safely. Medicines requiring additional security were not always recorded and further action was being taken to help ensure documentation was accurate.

Action had been taken to address staffing levels that were a concern on our first visit. Staff levels were now safe.

People continued to have their needs met by sufficient staff who were recruited safely. Staff understood how to recognise abuse and report it.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

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 focussed inspection started on the 13 September 2017 and continued as comprehensive inspection on the 18 and 19 October 2017 and was unannounced on day one and two. The inspection was completed by an inspector from the adult social care directorate.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met with 14 people who lived at the service. Other people were not all able to tell us about their time at the service therefore, we observed them and how staff and people interacted. The registered manager and provider were available on the 18 and 19 October 2017. We also spoke with six relatives, one healthcare professional, a volunteer and twelve members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

On the first evening of our inspection there was a potential risk to people in the event of a fire. This was because there was no information given to staff, who were not completely familiar with the service, relating to the fire processes and procedures of the home. One of the staff had not received any fire safety training in relation to Tamara House Residential Home. In addition they did not know the fire evacuation procedure and where the fire exit points were located for Tamara House. They were not clear how many people were currently living in the service, neither care workers were able to state where they could find people's individual emergency evacuation procedures (PEEPs), one care worker didn't understand the significance or know what these PEEPs were for. However both care workers were experienced in care and one of them stated they knew people well enough to know how they would need to be supported in an emergency. This care worker also had a copy of a PEEPs, though 3 weeks old still held relevant information to support people if needed. They confirmed that most people had capacity and were able to say how they needed to be supported.

During the next inspection on 18 and 19 October, the registered manager, who had not been available during the focussed inspection explained night of 13 September, had been an emergency situation and rather than use agency staff who did not know the service, they had used someone who had worked there previously alongside a new but experienced carer. There was a senior staff member available on call if required which the staff members knew about. The registered manager and staff confirmed that no one currently living in the service required the assistance of two members of staff at night. New staff have now been employed and had completed fire safety training, as required. However there was no process that ensured staff who had not worked in the home before would know the fire procedures and processes.

During the first inspection in September we found one person liked to stay up late and remain in the lounge area. They were at high risk of falls because they were always trying to stand and were very unstable. Therefore, during a night shift, one care worker had to remain with this person at all times until they went to bed, leaving one care worker assisting others to bed and answering call bells. During the follow up inspection on the 18 and 19 October we found action had been taken to address this. This person had been referred to the GP and treated for a medical condition and was now very settled and appeared relaxed sat in their chair.

The information received prior to the inspection stated medicines had been left out to be administered by the night staff. However we found that the day staff, who had gone off duty by the time we started our first inspection on 13 September at 9pm, had administered all medicines required. The MAR showed all medicines where prescribed to be given by 8pm. The night staff on duty had an on call service available to them to contact a senior staff member if any person requested additional medicines overnight. This was because neither of the night staff on duty on the 13 September had completed medicine training within Tamara House. Though one had completed medicine training at their previous employment and fully understood the importance of pain relief. They confirmed they would have no hesitation in contacting senior staff for support if required. The staff training matrix confirmed a list of senior staff who had completed medicines training and who would be able to assist the night staff, including one staff who lived

a short distance from the service, if required. Some night staff had completed medicine training. Staff confirmed that at handover the duty on call person was identified for the night staff to contact.

There were two errors in the recording of the medicines that required additional security. The registered manager took immediate action to investigate the errors during the inspection and changed procedures to ensure safe practice on medicines that required additional security. This included ensuring staff alerted the registered manager to these errors.

Staff received regular medicine training and they confirmed they understood the importance of the safe administration and management of medicines. We observed a medicines round and saw the staff make sure people received their medicines at the correct times and records confirmed the time of administration. This was to ensure people did not receive the same prescribed medicine, which required a four hour gap, too close together.

People had body maps in place showing staff where cream applications needed to be applied. Medicines were locked away and appropriate temperatures had been logged, which fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs which related to medicines.

Concerns sent to us suggested the service did not respond to emergency medical situations appropriately. We discussed the home's protocol for calling for medical assistance when required with the staff on duty. They confirmed they were able to call and contact the on call senior staff member whenever needed. A clear protocol was displayed to assist staff on the process of how to respond and who to call in an emergency situation. Staff also stated they were experienced in care work and were able to recognise if people needed the emergency services (999) or call the NHS 111 service for medical help or advice for non-urgent cases.

Following the inspection we received information from the local authority on their conclusion of their own investigation into the concerns raised. They confirmed they had visited the service and reviewed some care plans for people. They said the care plans held relevant information including completed risk assessments and evidence of referrals to appropriate healthcare professionals when needed. The safeguarding lead confirmed they had met with the provider and registered manager and concluded the meeting was open and transparent and they came away feeling reassured over the concerns raised. For example, they felt reassured that people were able to obtain food and fluids at any time, the premises were clean and people remained safe. However the safeguarding team did not visit at night therefore they were unable to comment on the number of staff or experience of the staff on duty during our visit. The safeguarding lead confirmed the safeguarding alert was now closed.

We were informed by the registered manager and the provider who came to assist us with the inspection that the complainant who contacted CQC had also reported the service to the environmental department. They confirmed the environmental services had visited Tamara House and they had been awarded a Level 5 Award, the highest they could achieve. Their report showed they had also found no issues of concern.

A meeting for family members had been arranged due to some of them being aware of the concerns sent to us. This was to "reassure them that action had been taken to ensure people were safe." For example, that any issues of concern had been referred to the safeguarding team and people had access to food and drinks whenever they wished.

People told us they felt safe. One person said; "I feel very safe here. I can't go home so if I had to be anywhere it's here!" Another said; "Safe and well looked after." One relative said; "Mum is safe here and the staff are

always popping in to see her." A visiting professional said they had no concerns over people's safety. People said they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to their dementia. People were observed to be comfortable and relaxed with the staff who supported them. Relatives all agreed their relatives were safe living at the service. A visiting professional said they believed people were safe as staff knew people and their needs very well. They also spoke very highly of the service.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training. Policies and procedures about safeguarding and whistleblowing were available for staff. Staff understood what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on issues or concerns raised. Staff said they would take things further, for example they would contact the local authority's safeguarding teams, if this was required. One staff member said; "I'd have no hesitation on reporting things."

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage. They showed staff how they could support people to move around the service safely and how to protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's risks to their health and safety had been assessed and staff knew how to support people to keep them safe. Care files contained full risk assessments. For example, if people were at risk of choking this was documented. The registered manager had sought advice from the speech and language therapy team (SALT) to put in place measures to reduce the risks. Where people suffered from allergies, these were highlighted in red at the front of the person's care plan so staff could see this information easily.

Staff followed safe procedures when using equipment to help people move safely. We observed a staff member assisting people to transfer from a chair to a wheelchair safely. Staff were confident in how they supported people to move safely and people appeared relaxed and comfortable when being assisted.

Accidents were recorded and analysed to identify what had happened. Records noted any actions staff could take in the future, to reduce the risk of reoccurrence.

People's risks of abuse was reduced because there was a suitable recruitment process in place for new staff. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises safely were carried out. People were protected from the spread of infections. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. For example the service employed a designated laundry staff. They were fully aware of infection control process and on what temperatures to wash laundry to help stop the spread of infection. For example they washed bed linen at 60 degrees and had a pre wash available on their industrial washing machines if needed. This helped to protect people from cross infection.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People received effective care and support from staff who were well trained. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. New staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and how people needed to be supported. However on our first visit we found this had not been possible and emergency procedure had been put in place, for example an experienced carer who had only worked at the home for one day rather than an agency worker who did not know the service. Staff without formal care qualifications were being supported to gain the Care Certificate (A nationally recognised set of skills training). Staff confirmed that plenty of training was available and in subjects relevant to the people who lived at the home, for example dementia training.

People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings and the GP visited when required. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People said they were able to make choices on the food offered. The cook went to each person daily to offer them a choice of food. Menus were displayed showing at least two choices each day. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. Bedrooms each had a jug of fluid of people's choice available to them. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example some people had seen a speech and language therapist to assist them with eating the correct consistency of food while others had been prescribed a meal supplement. One person said; "I can choose what food I want at any time." While another said; "I can have a cooked breakfast any time day or night. It's lovely."

The concern raised issues that people were not able to access drinks and snacks on request, particularly at night. We saw staff providing drinks and snacks to people throughout all our visits. For example some people requested hot drinks, others a bedtime alcoholic drink. Those people were able to tell us they received any drinks and snacks on request.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and

procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be maintained and planned updates to the environment were recorded. Bedrooms were clean, warm and had clean linen on each bed.

Good

Is the service caring?

Our findings

People were supported by staff who were both caring and kind. People said they were well cared for and spoke highly of the registered manager, staff and the good quality of care they received. One person said; "The staff are excellent. Brilliant place." Another said; "The staff are so kind and always care for me well." Relatives also spoke highly of the care their relative received. A relative said; "The staff are very kind and caring." Feedback from a quality survey carried out by the service stated, "Staff are caring and certainly have a good rapport with my mum." While another said; "The staff are excellent, kind, caring, compassionate and always go the extra mile."

The home continued to provide a caring service for people. People received support from a staff team who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist and support people with any care needs. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People and relatives told us people's privacy and dignity was respected. Staff were observed to knock on people's doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

The concern we received suggested people were not supported to change before going to bed. However, people we visited at night wore suitable night attire.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Staff supporting people were observed to be interacting well. When staff passed people staff always spoke to people and asked if they were OK or needed anything.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives care.

Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. For example, one person complained about their dentures hurting. Staff informed the person a dentist appointment would be made.

People's end of life wishes were not always documented to inform staff how each person wanted to be cared for at the end of their life. However a senior staff member was completing a local hospice "Six Steps to

Success" training, a course on end of life care, providing advice and guidance to other staff. They then planned to speak to people where appropriate to obtain this information. This would help ensure people wishes were respected.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People's care plans were personalised to each individual, contained information to assist staff to provide care in a manner that respected people's individual wishes. In addition to full care plans, there were brief pen pictures of people. In particular, about people's health care needs or dementia care needs and indicated how staff were to meet those needs. Staff had a good knowledge about each person including people's likes and dislikes. Staff were attentive and prompt to respond to people's emotional needs. For example if people became confused or upset, staff responded promptly to assist and reassure them. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People told us their individual needs were met. One person said; "You can ask for anything you want and they always do their best to get it for you." Bedrooms we visited, day and at night, showed people had their call bell within reach including some being secured next to people while they watched TV so they could not drop it. People confirmed if they called for staff they responded very quickly and came to see them. One person said; "They are always popping in to see me and make sure I'm ok." A relative said whenever they are visiting the staff call in and check on mum.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished or sit in the lounge area with others for company. We observed staff responding to people when needed and supported them according to their needs. People took part in a variety of activities. Some entertainers visited the service. On one day of our visit, people were attending an afternoon cream tea and another day we saw people enjoying watching and participating with a singer. Though a couple of people said they didn't go out much the activities co-ordinator was arranging a lunch out.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support while others said they would talk to family members. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One person said; "Never needed to complaint." While a relative said; "Any issues I can talk to the registered manager. I spoke to them about a couple of minor issues and had them resolved."

Good

Is the service well-led?

Our findings

The service continued to be well led. 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. A healthcare professional said the registered manger was excellent and very approachable.

The registered manager's values and vision on the company's web site states; "Our philosophy is to provide a homely, welcoming and relaxing 'Home from Home' for all of our residents. We aim to offer older people the opportunity to enhance their life by providing a safe manageable and comfortable environment." These values were understood by the staff. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about their roles.

Staff were clear about wanting to provide a good quality service to people who lived in Tamara House that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities. Staff told us they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. For example, one staff was completing training in end of life care and would provide training to other staff.

The quality of the service continued to be monitored. However their systems had not identified improvements were needed to avoid potential risk to people in the event of a fire. There was no process that ensured staff who had not worked in the home before would know the fire procedures and processes. This was because there was no information given to staff, who were not completely familiar with the service, relating to the fire processes and procedures of the home. We are confident the manager will address this immediately. The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.

The registered manager was visible in the service. There were effective quality assurance systems. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. Staff knew the outcome of these and practice changed accordingly. Issues raised during the inspection were actioned immediately by the registered manager. For example devising a form to record as required medicines were checked and audited more often.

People told us the registered manager was always approachable and had an "open door policy." The registered manager was well respected by people, staff, relatives and healthcare professionals and keen to make improvements where necessary. The registered manager updated their practice with regular training.

When the registered manager was not available there was an on call system available between the senior staff and senior management. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported.