

ARG Global Ltd

Tarrys Residential Home

Inspection report

86-88 Grand Drive
Herne Bay
Kent
CT6 8LL

Tel: 01227367045

Date of inspection visit:
03 October 2019

Date of publication:
04 November 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

Tarrys Residential Home is a residential care home providing personal care to people aged 65 and over and people living with dementia. There were 16 people living at the service at the time of the inspection. The service can support up to 19 people. Tarrys Residential Home accommodates people in one purpose built building.

People's experience of using this service and what we found

People were treated with dignity and respect. Their lifestyle and equality needs and choices were understood and respected. People had privacy.

People were protected from the risks of harm and abuse and any concerns were listened to and acted on. Risks to people had been assessed and staff provided people's care in a safe way.

Staff supported people to remain healthy and worked closely with health care professionals. People were offered a balanced diet which met their needs. People's medicines were managed safely. People were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff and were supported to maintain their routines. They were supported to take part in a range of activities they enjoyed. People had been offered the opportunity to share their end of life preferences and these had been followed.

The provider and registered manager had oversight of the service. They completed regular checks on the quality of care people received. People and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The provider and registered manager understood their legal responsibilities and had shared information with us and others when they needed to. The registered manager worked in partnership with others to develop and improve services to people.

There were enough staff to support people when they needed. Staff had the skills they required to care for people and were supported by the registered manager. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the provider was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Tarrys Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Tarrys Residential Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six members of staff including the provider, registered manager, deputy manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including checks on the quality of the service.

After the inspection

We sought feedback from the professionals who work with the service and people's relatives. We spoke with a clinical nurse specialist for older people, a paramedic practitioner and one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had completed safeguarding training. They knew about different types of abuse and were comfortable to report any concerns to the management team.
- Staff knew how to blow the whistle about any concerns they had outside of the service, if they needed to.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team. When necessary action had been taken to prevent incidents occurring again.□

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and action had been taken to minimise risks. Staff followed guidance about how to reduce risks to people. We observed staff supporting people to move safely using a hoist.
- The risk of people developing skin damage had been assessed. People were supported to use equipment to keep their skin healthy, such as special mattresses and cushions. Staff followed guidance to make sure these were set correctly and completed daily checks to make sure equipment was being used safely. This was effective as no one has developed skin damage.
- Risks of people falling had been assessed using a recognised tool. Action had been taken to manage risks which included lowering people's bed to the floor or using bedrails. Any associated risks with using bedrails had been assessed and mitigated.
- Accidents and incidents were recorded and analysed to identify any patterns and trends. When patterns were noted, such as people falling often, action was taken. For example, one person was referred to the falls team following several falls. The person was advised to use a different walking aid to reduce the risk. Staff supported them to do this and the number of falls and skin tears they received had reduced significantly.
- Risks relating to fire had been assessed and mitigated. Everyone had a personal evacuation plan and staff knew how to support people to evacuate to a safe place.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. Staff followed guidance about people's 'when required medicines', including signs the person may need their medicine. People had received their 'when required' medicines as prescribed by their doctor.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines. Medicines checks were completed weekly and monthly to help ensure people received their medicines as prescribed by their doctor. Staff followed good practice guidance in administered medicines from their original packaging.
- Staff completed regular medicines management training. Their competency to manage medicines safely

was assessed every six months.

Preventing and controlling infection

- People were protected from the risk of infection. The service was clean and odour free.
- Staff had received training in food hygiene and infection control. They used personal protective equipment such as gloves and aprons, when required.
- The registered manager had completed infection prevention and control (IPC) training with the local clinical commissioning group. They had been assessed as a competent IPC Link Practitioner. The role includes creating and maintaining a safe environment for people, their relatives and staff.
- The registered manager had used their skills to contain an outbreak of norovirus at the service. They informed Public Health England as required and followed good hygiene practices to limit the risk of the infection spreading.

Staffing and recruitment

- There were enough staff to meet their needs. The registered manager considered people's assessed needs when deciding how many staff to deploy on each shift.□
- Staff knew people well and responded to their requests for support promptly.
- Staff were recruited safely. Checks on staff's character and previous employment including references had been obtained. Criminal record checks with the Disclosure and Barring Service had been completed.
- People were involved in the recruitment process. They were invited to join interview panels if they wanted. People's views of candidates and observations of interactions were used as part of the selection process.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The registered manager met with people and their relatives to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their relatives had been asked to share information about people's lives before they moved into the service to help staff get to know them and understand what they liked.
- People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People were supported to remain as physically and mentally well as possible. Staff monitored people's health and referred them to relevant health professionals when their health needs changed. People were supported to follow their health professional's advice.
- Guidance was in place to assist staff to identify any deterioration in people's mental health. This included the names and contact details for mental health professionals who were involved in the person's care.
- The registered manager had worked with health care professionals to develop 'anticipatory care plans' for people. This was to avoid people becoming unwell and needing to go into hospital. Plans contained guidance about how to identify and manage health concerns people may experience, such as regular infections or breathlessness. This had been effective and people had only been to hospital when it was unavoidable.
- People had access to health professionals such as dentists, opticians and chiropodists. People had had dental check ups and staff had completed oral health assessments. Staff supported people to maintain good oral health, including brushing with soft tooth brushes.
- The registered manager had taken part in a local health pilot project looking at the impact of counselling for people with dementia. They had worked the health care professionals to identify people who may benefit from counselling and monitor any changes in their mood. The outcomes had been shared with the project team so they could evaluate the effectiveness of the project.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make day to day decision in ways which suited them best. For example, staff showed people items to support them to make a choice. They gave people time to consider their answer before responding. People's capacity to make specific decisions had been assessed.
- The registered manager knew how to make decisions in people's best interests, when they were not able to make a decision. They had made best interest decisions around the used of bedrails with people's families and community nurses.
- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to move around the building and garden. People were supported to go out if they wanted to.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People told us they liked the food at the service. Their needs were catered for including diabetic and vegetarian diets.
- People were involved in planning the menu. When people wanted an alternative, these were prepared for them.
- Staff knew about people's preferences such as if they liked small meals and made sure their meals were prepared in the way they preferred. People were able to choose when and where they ate.
- People who were at risk of losing weight were referred to the dietician and their advice was followed. Staff followed recognised best practice guidance for people at risk of losing weight. Everyone was offered food fortified with extra calories.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting people in the way they preferred.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and insulin administration. All staff were completing the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff met with a supervisor regularly to discuss their practice and development. The registered manager arranged training for staff to meet identified areas for development.

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

- The building had been designed and decorated to meet people's needs. Carpets in the hallways and lounges had been replaced with easy to clean, nonslip vinyl flooring.
- All areas of the building and garden were accessible to people. People grew tomatoes and plants in the garden which they said they enjoyed.
- One lounge was organised as a quiet environment where people could spend time listening to relaxing music. We observed people using this lounge were calm and relaxed. Another lounge was used for activities

and staff created a more upbeat atmosphere.

- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. We observed staff chatting with people in a kind and gentle way. They took an interest in what people told them and responded appropriately.
- Staff knew people well and spent time doing things with them they enjoyed. For example, one person enjoyed singing and staff sung with them throughout the day. People and staff were relaxed in each other's company. We observed people and staff laughing together.
- People and their relatives had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Staff spoke with people and referred to them with respect. They described people in positive ways. For example, one staff member complemented a person's when they were talking about playing word games together. Staff referred to people by their preferred names and supported inspectors to do the same.

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

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people preferred to eat in their bedroom. Staff respected people's decisions. They informed people of events and activities they may wish to attend. Staff spoke to people in their rooms regularly to make sure they were not isolated.
- Staff knew people's preferences, such as their favourite colour. One person liked to wear a particular colour and staff supported them to wear this colour when they wanted to.
- Staff supported people when they were anxious. For example, we observed staff reassuring a person when they needed to be supported to move around their service. This always caused the person anxiety and staff planned their support to allow enough time to help them in the right way so they remained calm.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. People were in control of their care and staff only supported them when they needed it.
- People were supported to maintain relationships which were important to them. Visitors were welcomed and encouraged to continue to care for their relative when they wanted to. Staff had supported people to get back in contact with people who were important to them.
- People had privacy. We observed staff knocked on the door before they entered people's bedrooms. People received their care in private. When people needed support in communal areas, such as being

moved in the hoist, screens were used to maintain their dignity.

- The provider and staff knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure. Staff followed a social media policy to protect people's privacy on line.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had planned their care with staff, including how they preferred to be supported. Staff followed their wishes and provided their care in the way they wanted. For example, one person liked to sit in their armchair and have a cup of tea in the morning before getting washed and dressed and having breakfast.
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. One person liked a small alcoholic drink in the evening and staff offered this to them each night.
- People had been asked if they had a preference for a male or female staff member. No male staff were employed at the service at the time of our inspection. However, staff knew who would prefer a male carers when one was employed.
- People chose the size of their meal and when they preferred to eat. Some people enjoyed a large breakfast. Others preferred to eat their main meal in the evening.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was accessible to people, such as large print documents.
- Menus included photographs of the choices available to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a variety of activities at the service.
- There was a weekly schedule of activities, which was displayed in communal areas of the service. The schedule was flexible to people's wishes and preferences each day.
- Representatives from local churches held services for those who wanted to attend. People enjoyed these.
- People were encouraged to continue to complete household tasks, such as folding laundry and gardening.

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of their life preferences and these were recorded. People who wanted to, were supported to remain at the service at the end of their life. One relative had commented, 'Thank you for all the kindness and care you gave to [my loved one] over the

years. Particularly during their final days, you were amazing'.

- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their relatives and health care professionals. Staff planned people's care with their GP and the paramedic practitioner at the end of their life.
- Staff made sure pain relief and other end of life medicines were in stock before they were required and contacted the community nurses quickly when people needed them.
- The registered manager had raised issues they had experienced getting support after someone's death. These had been shared with the clinical nurse specialist and clinical commissioning group to support service development.

Improving care quality in response to complaints or concerns

- People's relatives were confident to raise any concerns they had with the registered manager.
- The registered manager encouraged people to tell them about day to day issues. This was so they could be resolved before they became a complaint.
- The process to receive, investigate and respond to complaints had been followed. Complaints had been resolved to people's satisfaction. □
- A copy of the complaints procedure was available in an easy to read format.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. The registered manager and staff shared this vision.
- Staff explained their aim was to provide the service to the same standard they would expect for a relative. Staff said they would be happy for their relative to live at the service.
- Staff described the provider as "Lovely". They chatted with staff and people and knew their names. Staff felt supported by the registered manager who knew people and their needs well.
- Staff were motivated and felt appreciated by the provider and registered manager. They worked as a team to provide people's care. One staff member told us, "We work as a team and not against each other".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had met their duty of candour.
- When things had gone wrong, they had apologised. They had taken action to rectify the issue and prevent it from happening again.

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

- Staff were clear about their roles and responsibilities. They were informed of any changes at the service in daily hand over meetings and regular staff meetings. The registered manager were planning to discuss changes to staff training following updated guidance from Skills for Care.
- Staff were aware of their responsibilities and were held accountable. For example, the registered manager discussed policies and processes at staff meetings.
- The provider knew they were required to conspicuously displayed the Care Quality Commission quality rating at the service, so people, visitors and those seeking information about the service were informed of our judgments.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the running of the service and their suggestions were listened to. The registered manager told us, "We have a lovely group of people and families who are engaged with us".
- People and their relatives were asked for their feedback on the service. The last survey had been completed in December 2018. Everyone had said the staff were good or outstanding. One relative had commented, 'We are very satisfied with the care and attention given to our relative'.
- Any areas for improvement people had shared in surveys had been included in an action plan. These areas were being addressed, such as the interior décor of the service.
- Staff were encouraged to share their view and suggest improvements at staff meetings and supervisions. These were listened to and acted on.

Continuous learning and improving care

- There were effective systems to continually monitor the quality of the service and address any shortfalls. These included checks by the provider.
- The registered manager completed monthly checks on all areas of the service. This highlighted any areas for improvement, such as refurbishments. Action plans were agreed, and the registered manager kept these under review to make sure actions did not slip.
- The registered manager worked alongside staff, to understand their workload and any risks. When working a night shift, they had noted they were tired when giving medicines and this increased the risk of errors. A senior staff member now started work earlier in the morning to complete this task.
- The registered manager had used learning from Skills for Care training to improve the service. This included the introduction of value based recruitment. A process aimed at getting the right people, with the right values in the right roles to support recruitment and retention.

Working in partnership with others

- The registered worked with others such as CQC and the local clinical commissioning group (CCG) to develop and improve services. This included taking part in a CQC registration project looking at how the registration process for managers could be streamlined and improved.
- People had taken part in a CCG project looking at the benefits of counselling for people living with dementia.
- The registered manager had supported people in the local community to understand dementia and the impact it can have on people. A neighbour had raised concerns about a person at the service. With the agreement of the person's family and the local authority they had been invited to meet the person. This reassured them the person was safe and well, and supported them to understand their needs.