Mrs M Y and Mr Mark Beaumont

Tamar House Nursing Home

Inspection report

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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

We carried out an unannounced comprehensive inspection on 24 October 2018.

Tamar House Nursing Home is a care home with nursing for up to 21 people. On the day of our inspection there were 18 people living at the service. It specialises in care for older people who are living with dementia or have a physical disability.

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.

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.

The inspection was the service's planned comprehensive inspection. We have received notification of an incident following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

At the last inspection on 27 June 2017, the service was rated Good. 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 ongoing 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.

Why the service is rated good:

We met and spoke with most of the people living in the service during our visit. However, some people were not able to fully verbalise their views, so staff used other methods of communication, for example pictures. Others could tell us about the care and support they received. Due to people's needs we spent time observing people with the staff supporting them.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff, relatives and professionals said the registered manager was approachable and had made many improvements since being in post. Staff said the registered manager was involved in the day to day running of the service. One professional commented; "It is always a pleasure to go to Tamar house, the staff are professional, caring, friendly and approachable." One staff member said; "It's a lovely home and I cannot think of anything that would improve it. I think the people that live here really like being here."

People remained safe at Tamar House. People who were able to told us they felt safe living there. One

person said; "Yes I feel safe, I always have someone to help me." A relative said; "Yes, I do. If they (their relative) can't live at home this is the next best place."

People received their medicines safely from suitably trained staff. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff agreed there were sufficient staff to keep people safe. Staff said they were able to meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. Robust systems were in place to assess risks and ensure measures were put in place to further reduce those risks to protect people.

People lived in an environment that was clean and hygienic. Parts of the environment had been refurbished, taking into account people's needs.

People received care from a staff team who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

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. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's capacity to make important decisions about their lives had been assessed in accordance with the Mental Capacity Act 2005 (MCA). The provider and staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and met them. People were not all able to be fully involved with their support plans. For example, due to living with dementia. Therefore, family members or advocates supported staff to complete and review people's support plans in their best interests. People's preferences were sought and respected. Care plans held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service was responsive to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People had access to organised and informal activities which provided them with mental and social stimulation.

People's end of life wishes were documented. People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

All significant events and incidences were documented and analysed. The evaluation and analysis of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from other agencies and the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good	**Good**
Is the service effective? This service remains Good	**Good**
Is the service caring? This service remains Good	**Good**
Is the service responsive? This service remains Good	**Good**
Is the service well-led? This service remains Good	**Good**

Tamar House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector and one assistant adult social care inspector on 24 October 2018.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in June 2016 we did not identify any concerns with the care provided to people.

During the inspection we met all the people who lived at the service and spoke with eight people in detail about their care. Some people living at the service were living with dementia which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore staff used other methods of communication, for example by providing visual prompts. Others were able to tell us about the care and support they received. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We also looked around the premises. We spoke to both providers, the registered manager, seven staff, one professional, five relatives and four visitors. We also received feedback from two professionals via email. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at the quality monitoring of

the service.

Good

Is the service safe?

Our findings

The staff team continued to provide safe care to people. People who were able to say, told us they felt safe with the staff who supported them. Some people who lived in the service were not able to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. One person said; "Yes I do (feel safe), I have no concerns." While a relative said; "110% safe! Fantastic place."

People had sufficient numbers of staff around to help keep them safe and to help ensure people's needs were met. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. We saw staff meeting people's needs, supporting them, and spending time socialising with them.

People continued to be protected from abuse because staff understood and knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the registered manager and providers would act, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and this covered equality and diversity and human rights training as part of this training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

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, skin damage and people who self-medicate. They showed staff how they could support people to move around the service safely and how to protect people's skin, for example. 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 knew when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People continued to receive their medicines safely from staff who had completed medication training and had their competencies checked. Systems were in place to audit medicines practices and records were kept showing when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol had records in place to provide information to guide staff in their appropriate administration.
People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The

fire system was checked including weekly fire tests and people had personal evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of a fire to keep people safe. People were protected from the spread of infections. 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.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people who lived in Tamar House. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. This included dementia care and fire safety. New staff confirmed they'd completed equality and diversity and human rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people with a learning disability. One staff said; "I am doing the equality and diversity training online. There is annual training for manual handling, fire safety, health and safety, safeguarding, infection control, medicines safe handling and mental capacity."

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details on the professionals involved in their care. For example, GPs. People's health continued to be monitored to help ensure they were seen by relevant healthcare professionals to meet their specific needs as required. Staff consulted with healthcare professionals when completing risk assessments and people identified as being at risk of pressure ulcers had guidelines produced to assist staff to care for them effectively.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People were either verbally informed or staff used pictures and menus which were displayed, to enable people to make a choice on what they wanted to eat each day. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with appropriate food choices to minimise risk to people. 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. Care records recorded what food people disliked or enjoyed.

People were encouraged to remain healthy. and did activities that helped maintain a healthier lifestyle. For example, chair exercise to maintain their mobility.

People's care files showed how each person could communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded that their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding. This showed the provider was following the legislation to make sure people's legal rights were protected.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care needs. Staff waited until people had responded before supporting them, using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained, and planned updates to the environment were recorded.

Good

Is the service caring?

Our findings

People continued to be provided with a caring service. People said; "I didn't want to come into a home but this is my second home now as they look after me so well" and "Don't think anyone would say anything against this place. It's very good!" A relative said; "They (the staff) have really good interaction with mum." Professionals also commented that people were well cared for with one saying how they seemed to know the people well, and they seemed happy and well cared for.

People continued to be supported by staff who were both caring and kind. We observed staff treated people with patience, kindness and understanding. People were seen chatting with staff. The conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People, at times became confused or anxious. The staff then spent time providing reassurance to people, listening and answering people even when the questions were repetitive.

People told us their privacy and dignity was maintained and respected always. Staff were observed to knock on bedroom 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 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 staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

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. Interactions we observed whilst staff supported people were good. Staff understood if people could not verbally respond or if they were upset, also using body language.

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 confirmed they were involved with their relatives' care.

Staff showed concern for people's wellbeing. People with deteriorating health 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. People now confined to bed due to their deteriorating health, were seen to comfortable and received continued care and attention from the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People received their care from a consistent staff team, some who had worked at the service for many years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

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 individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this enabled them to determine if they were able to meet and respond to people's individual needs. We did find one person who was admitted without a pre-admission assessment due to a mix up with admission dates. However, the registered manager responded well to protect this person, completing all the relevant paperwork to ensure they were suitable to remain in the service and stay safe and well.

People's care plans were person-centred and held detailed information on how each person wanted their needs to be met in line with their wishes and preferences. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any deterioration in people's dementia were identified and specialist advice was sought. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while others were shown visual clues to make choices from.

We saw people and staff being treated fairly and equally. The provider told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act.

People received individual personalised care. People's communication needs were assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. Information was provided to people in a format suitable to meet their individual needs. For example, picture menus and a list of activities planned were displayed for people to see and read what was going on

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, records showed they had been fully investigated and responded to. The provider had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and the complaints procedure could be provided in a format of people's choice.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people's wishes were respected. Professionals said people had their healthcare concerns addressed and attended to as the registered manager and staff were always willing to seek advice and support. One professional commented how well the staff care for people at the end of their lives.

People took part in a range of activities. Some external entertainers visited the service and staff also arranged everyday activities for people. People said of the activities provided; "I love the singing."

Good

Is the service well-led?

Our findings

The service remains 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.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. People, relatives, professionals and staff all spoke very highly of the registered manager and the providers, both of whom worked in the home most days which meant they knew people living in the service well. Comments included; "X (name of registered manager) is very approachable" and "The home is really well run."

The registered manager and providers were open and transparent. They were very committed to the service and the staff, but mostly to the people who lived there. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at and reflect on current practice. Staff spoke positively about working with the provider and the service.

Staff spoke fondly of the people they cared for and stated they were happy working for the provider but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy. Staff said; "It's really nice here. Everyone's been lovely – right from the owners and management to the cleaners. It's been good and I have slotted right in." That was evident throughout our visit.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider was fully aware of and had implemented the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with current regulation and related guidance.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.