

Mrs M Y and Mr Mark Beaumont

# Tamar House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Tamar House Nursing Home is a residential care home providing personal and nursing care to up to 21 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 17 people using the service.

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

Medicine records were not always accurate. Medicines that required stricter controls were not managed and recorded according to legal requirements. The manager took immediate action to audit these medicines and correct the records.

Some people living at the service were cared for in bed due to their health care needs. These people had been assessed as requiring pressure relieving mattresses to help ensure they did not develop pressure damage to their skin. Air filled pressure relieving mattresses were not always set correctly for the people using them. There was no process in place to ensure staff checked these regularly. This was put in place immediately by the manager.

The service did not have a permanent nurse who worked during the day. This post was being covered by agency staff. Whilst the agency staff were mostly consistent there was little continuity of practice regarding medicines management. The manager told us they had appointed a permanent nurse who was due to commence their post in December.

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included, "Staff always knock and pop in to see me when they are passing by, they always ask if I am ok," "The staff are funny, lots of great banter, they are very nice" and "Staff are quick at answering the bell."

People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

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 were supported by sufficient numbers of staff to meet their needs. New staff had completed an induction into their role. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and there was a designated activities staff member to assist people. Staff knew how to keep people safe from harm.

Staff received appropriate training and support to enable them to carry out their role safely, including

nutritional support and dementia care.

The environment was safe, with re-carpeting and re-decoration ongoing. People had access to equipment where needed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified.

People were involved in make meal choice and staff encouraged them to eat a well-balanced diet. The kitchen was due for upgrading but all equipment was in working order and the cook was able to provide freshly cooked meals from scratch for people. The cook was aware of people's specific dietary requirements. Comments included, "I like the food," "Plenty to eat and drink," "Good food" and "Sunday dinner is very good, and we get that twice a week." We heard on staff member offering many options to one person who had changed their mind about what they wanted to eat for lunch.

Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff told us the manager and the provider of the service were available and assisted them daily. They went onto say how they were approachable and listened when any concerns or ideas were raised. Staff comments included, "(Provider's name and manager's name) are really good." "I would be really happy for a loved one of mine to be cared for here" and "One of the best homes I have worked in."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org](http://www.cqc.org).

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection and update

The last rating for this service was requires improvement (21 February 2022).

At our last inspection we found breaches of the regulations in relation to care provision and deployment of staff, infection control, governance and staff training. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider had made some improvement but remained in breach of regulations. We have made a recommendation regarding the implementation of the Mental Capacity act in the Effective section of this report.

Why we inspected

We received concerns in relation to the availability of Personal Protective Equipment (PPE), the

environment, records and staff culture. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements

The overall rating for the service has not changed following this inspection.

We have found evidence that the provider needs to make improvements. We have identified a breach of the regulation in relation to the safe management and administration of medicines and the monitoring of pressure relieving mattresses.

We found no evidence during this inspection that people were at risk of harm from the concerns identified at this inspection. Please see the safe, effective and well-led sections of this full report.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tamar House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Tamar House Nursing Home

## **Detailed findings**

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Tamar House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a manager registered in post. However, the manager was in the process of applying to CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed two people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with six people and one relative. We also spoke with seven staff including the manager and the provider's representative.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems and processes for medicines that required additional security were not followed. Records showed poor documentation, inconsistent and wrong calculations of the number of a pain relief patches administered and held. Not all entries had the required two staff signatures.
- The service held two different doses of a named pain relief patch prescribed for a person. The higher dose had been recently discontinued by the GP. Recorded in the book, which held the balances of all medicines that required extra security, it showed the higher discontinued dose and the current lower dose incorrectly recorded together on the same page. Therefore, we could not be sure if the person had received the correct dose of pain relief as prescribed.
- The pain relief patch site needs to change on each administration to avoid skin sensitivity issues. A form, 'application/replacement of medicated transdermal patches', recorded the site and date of the administration of pain relief patches. The last two administrations, though signed for on the MAR, had not been recorded onto this form. Therefore, we could not be sure where the pain relief patch had been sited and due to the incorrect recording of the number of patches held, we could not be sure if the person had received the correct dose of this pain relief patch or if they had received it at all.
- The 'application/replacement of medicated transdermal patches' form also required daily checks to be carried out to ensure the patch remained in place. There were few entries to show when staff had checked whether the patch remained in place. Therefore, we could not be sure the patches remained in place between the seven-day period required.
- Other concerns were identified where handwritten entries on to the MAR did not have two staff signatures, as required, or dates when the entry was recorded. Also, if a person had received one or two tablets of an 'as required' medicine, the correct number of medicines held after each administration was not signed for.
- Medicine audits had been completed. Though some issues had been picked up. However, the concerns identified with medicines that required extra security had not been

The failure of the provider to effectively assess, monitor and mitigate risks relating to the safe management and administration of medicines is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The manager and nurse on duty checked all medicines requiring extra security immediately and corrected the records and number held.

## Assessing risk, safety monitoring and management

- Some people had been assessed as requiring pressure relieving mattresses to help ensure their skin did not sustain pressure damage. Air filled pressure relieving mattresses were being used by several people who were being cared for in bed. Whilst mattresses were being checked regularly to ensure they were working, we found that they were not always set correctly for the people using them, in accordance with the person's weight. There was no process in place to ensure staff checked these regularly. This was put in place immediately by the manager. We found no impact on people as a result of this concern.

The failure of the provider to ensure there was a robust process in place to reduce the risk of pressure damage contributes to the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Risks associated with people's care needs were identified, assessed and recorded.
- Equipment was regularly checked to ensure it was in good working order and safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- The environment was being regularly monitored and we saw there was a programme of updating, purchasing new equipment and re-decoration of rooms and communal areas, which was in process.

## Staffing and recruitment

At our last inspection in February 2022 we found the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider had not ensured staff were deployed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 19 (Fit and proper persons employed). The provider had improved deployment of staff. However, another section of Regulation 17 (Good Governance) was found to have been breached regarding the management of risk.

- Recruitment processes and procedures were in place and helped ensure new staff were recruited safely. References were requested and required checks were made before staff began working alone with vulnerable people.
- Previous concerns at the last inspection regarding the deployment of staff who took long breaks together had been addressed by the manager. Staff now only took breaks two at a time and only when people had had all their needs met at that time.
- There were sufficient staff employed to meet people's needs.
- People confirmed this, saying "Staff always knock and pop in to see me when they are passing by, they always ask if I am ok," "The staff are funny, lots of great banter, they are very nice" and "Staff are quick at answering the bell."
- The staff said they covered any sickness or annual leave and worked additional hours were possible, so people had staff they knew and trusted. However, the service was using regular agency nursing staff to cover a vacant post. The manager told us a new permanent nurse had been recruited and was due to take up the post in December 2022.

## Preventing and controlling infection

At our last inspection in February 2022 we found the provider had not assured themselves staff were preventing the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Prior to this inspection we had received concerns from an anonymous source stating that there was a shortage of PPE. We did not substantiate this at this inspection.

- The service had good stocks of gloves, aprons and masks for staff to wear.
- Staff had been provided with infection control training and followed good infection control practices. Staff confirmed they held sufficient stocks of personal protective equipment (PPE). Staff continued to carry out an Lateral Flow Test for COVID-19 before every shift.
- People and relatives confirmed staff always wore a mask, apron and gloves to support them when delivering personal care. Comments included, "It is very clean here, my husband's room is always lovely," "Staff look after my clothes very well, always get them back within 24 hours" and "They (Staff) clean my room daily."
- There was now domestic staff on shift every day of the week. The service was clean and there were no malodours at any time throughout the service. The stair carpets were worn and marked, and the provider confirmed that new carpets were on order for fitting in the coming weeks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider had used government guidance to ensure people were able to receive visitors whenever possible.

## Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe living at Tamar House Nursing Home.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the manager.
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we made a recommendation that the provider review their systems and processes for ensuring the premises remain clean and well maintained

At this inspection we found improvements had been made

- The provider told us about the programme of updating people's rooms and corridors, purchasing new equipment, re-carpeting and decorating which was in progress. Baths were planned to be removed and wet rooms were to be installed.
- Prior to this inspection we had received concerns from an anonymous source regarding issues with the kitchen and sluice areas. We did not substantiate these concerns at this inspection. The environment was pleasant and communal areas were available. Most people were being cared for in bed at the time of this inspection.
- People's rooms were clean, pleasant and well decorated.

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

At our last inspection the provider had failed to ensure staff were consistently meeting people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Staff supported people to sit in a comfortable upright position in bed prior to meals or drinks being provided.
- Staff were available to support people with all food and drink.
- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. Records were monitored each day. One person who had lost weight over the past few months, had been reviewed by the dietician and advice had been given to staff to fortify their food and drink. This person

was being closely monitored each week to help ensure they gained some weight.

- People were complimentary about the food. Comments included, "I like the food," "Plenty to eat and drink," "Good food" and "Sunday dinner is very good and we get that twice a week." We heard on staff member offering many options to one person who had changed their mind about what they wanted to eat for lunch.

Staff support: induction, training, skills and experience

At our last inspection in February 2022 the provider had failed to ensure all staff had the correct qualifications, skills and experience to meet people's needs. This contributed to the breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Staff training had improved since the last inspection. All staff had now completed required training, including infection control training. There was a programme that was in place offering updates to all staff. New staff confirmed they had received an induction and shadowing was in place on the day of this inspection, with a new member of staff being supported by experienced staff. However, records of their induction were in the process of being completed and were not available to inspectors.

- Staff training was regularly monitored by the manager. Staff told us of some training they had recently attended. Comments included, "It was really good and interesting, I learnt a lot. It is so good face to face training is now possible again."

- The agency staff who currently covered the vacant nurse post during the day had records, provided by the agency, to show what training they had attended. This helped ensure the service could be confident in their knowledge and skills.

- Staff were provided with regular supervision and appraisals. The manager held a record of when each staff member was due to have their next supervision. Staff meetings were held regularly. Staff confirmed they felt well supported by the manager.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Consent forms in some care plans were blank. We did not always see evidence of the best interest process being used before applying for an authorisation for a restrictive care plan to be in place. Several people living at Tamar House had applications in process for restrictions to be authorised.

We recommend the provider takes advice and guidance from the Mental Capacity Act 2005, Code of Practice, regarding the implementation of robust processes being used when restrictive care plans are

required to keep people safe.

- There was one authorisation in place at the time of this inspection.
- People were supported in accordance to the requirements of MCA. Staff took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.

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

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals. Examples of this was seen in people's care plans, where staff had contacted the GP or the dietician for advice and guidance.
- People's preferences, likes, dislikes, were recorded in their care plans.
- People's records described what support they needed with their oral health.

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc. One person told us, "I have a gin and tonic every day."
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.
- Handover records were completed each day, at the change of shift, to help ensure staff were advised of any changes in a person's needs.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider had failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider remained in breach of regulations.

- The provider had failed to identify the concerns found in the safe section of this report regarding medicines management and the monitoring of pressure relieving mattresses.

The failure of the provider to ensure systems and processes were effectively established and operated to assess, monitor and improve the quality and safety of the services provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Prior to this inspection we received information from an anonymous source regarding poor record keeping and poor culture of the staff. We did not substantiate these concerns.
- The service did not have a manager registered with CQC. However, the manager in post at the time of this inspection was in the process of registering to become the registered manager.
- The manager had improved the overview and monitoring of the service. Regular audits were in place which had identified some issues and these were being addressed
- The manager held regular meetings with the staff team to share information with them and used events as an opportunity for reflection and improvement.

Continuous learning and improving care

- The provider and the manager had created an action plan to monitor the improvements which they had already identified and those found at this inspection.
- The manager took immediate action during and immediately following the inspection to address the concerns found.
- The manager and the staff were committed to providing the best care. Staff comments included, "We love

working here. Why would we keep coming to work if we did not love it? (Manager's name) is very supportive and really involves us in decisions."

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

- People and relatives were consistently positive about the service provided at Tamar House Nursing Home.
- The culture of the service was open and transparent. Concerns identified during this inspection were accepted and acted upon.
- People, relatives and staff were very positive about the service and the manager. Comments included, "(Manager's name) pops in and always has a chat, and I can tell her anything," "Happy with everything," "Good place, glad I am living here" and "The standard of care is satisfactory."

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 manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The manager had notified CQC of any incidents in line with the regulations.

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

- People were spoken with regularly by the manager and when care plans were reviewed to gather their feedback and views. Families confirmed they were able to speak with staff and the manager if they had any concerns.
- Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service. Staff comments included, "(Provider's name and manager's name) are really good." "I would be really happy for a loved one of mine to be cared for here" and "One of the best homes I have worked in."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems and processes were effectively established and operated to assess and monitor risks and improve the quality and safety of the services provided.