Prime Life Limited

Tamar House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 July 2016 and was announced.

Tamar House specialises in the care of people who have a learning disability. It provides accommodation for up to 13 people who require personal and nursing care. On the day of our inspection there were 13 people living at the home.

At the time of our 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.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place and accidents and incidents were monitored and recorded. Medicines were administered and stored safely.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People were supported to pursue leisure activities and access local facilities.

Staff were aware of people's need for privacy and dignity and made arrangements to provide this.

People were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was not always sufficient staff available to meet people's needs. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. A process for raising concerns was in place. People and relatives knew how to complain and the provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always sufficient staff to meet people's needs.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

Is the service effective?

Good

The service was effective.

Staff had received training to support them in their role.

People were supported to eat a balanced diet and had access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue leisure activities.

People had their needs regularly assessed and reviewed. People

were regularly involved in these reviews.

People were supported to raise issues and concerns. Relatives knew how to complain and would feel
able to if required.

Is the service well-led?

Good

The service was well led.

Staff felt supported. Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

There was an open culture in the home.

Tamar House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 20 July 2016 and was announced. The provider was given 48 hours' notice to ensure that the people we needed to speak to would be available as it was a small home. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has had experience of similar services.

Before the inspection, 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.

We reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager and two members of care staff. We spoke with three people who were living at the service. We also spoke with three relatives by telephone following the inspection. We looked at four care plans and records of training, complaints, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

One person who lived at Tamar house told us, "They need more staff." A member of staff told us that staffing levels could be difficult if people had appointments which they needed support to attend. Another said, "I don't feel we have enough staff on every day. Sometimes it can be difficult to get people out." A relative told us, "No I don't think there are enough staff employed. I think if there were more they could take people out more." Another relative said, "They [staff] do everything, cooking, cleaning and looking after the residents. I think it is too much to ask." Another relative said, "I do think their staffing levels are low." We found that due to the wide range of tasks staff had to fulfil staff were not always available to people who lived in the home. For example we observed that the preparation of lunch took over an hour which meant that the staff member was busy in the kitchen area away from the majority of people. Additionally another member of staff was involved with supporting a person to attend an appointment which left the registered manager available to provide care to people. We also found that staff sometimes found it difficult to prioritise their time and as a consequence jobs were not completed as well as they should have been. For example the single member of staff was responsible for carrying out cleaning at night, however we observed that some surface areas such as door handles and hand rails were sticky.

We found that the service had a very low turnover of staff and staff retention was good, this helped to support continuity of care for people. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

Despite concerns about staffing levels, relatives told us that they felt their family member was safe. One relative told us, "Oh yes [my family member] is definitely safe there" and another said, "My family member is safe with them." People who used the service told us they felt safe living at the home. Staff we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff were aware of how to report an incident both internally and externally to the provider. We saw from the training record that training about safeguarding was planned. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments were in place where a person often refused medical assistance and for another person who had a specific medical condition. Each person had an emergency plan in place in the event of an unexpected event such as a fire or flood. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

We saw that medicines were handled and administered safely. A person told us, "I have never had a problem with medicines they are always on time" and a relative said, "There have not been any problems with medicines. [Family member] has had a change recently and all is well." We observed the medicine

round and saw that medicines were administered safely and how people preferred to take their medicines, for example with water, from a spoon or into their hand. Where people required medicines on an as required basis for example paracetamol for pain relief protocols were in place to support staff to understand when to administer the medicine. Medicines were stored in locked cupboards according to national guidance. All the permanent staff employed at the home were trained to administer medicines. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training. Medicine administration records were completed fully and systems were in place to ensure that the member of staff who gave medicines could be identified. This facilitated a check in the event of a medicine error. Regular checks were in place to ensure that medicines were stored and administered safely. The checks were the responsibility of the member of staff who had administered medicines when handing over to the responsible staff member on the following shift.

Good

Is the service effective?

Our findings

A person who lived at the home told us, "Staff know what they are doing" and a relative said, "Staff are very well trained. They are wonderful." Another relative told us, "I have no qualms at all, staff are very good." People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us that they felt they received appropriate training to enable them to care for people. One member of staff told us, "You learn a lot from the training." We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was monitored by the provider and the registered manager received regular reports to ensure that staff were accessing the training they required. The training included statutory training such as fire and health and safety and also topics which were specific to people's needs such as communication.

An induction process was in place for staff who had been newly appointed by the provider. The induction was in line with national guidance as the provider had introduced the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. Where people had specific needs training and advice had been sought to support staff with people's care. In particular support and advice was provided via the local GP surgery for issues such as diabetes. Supervision was provided on a regular basis and staff told us that they had received this and found it useful. They said that they provided an opportunity for staff and managers to review performance.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met. For example, one person told us, they had a specific stomach digestive problem and were supported by staff to understand the condition and monitor their meals.

We observed lunchtime and saw that staff sat with people and chatted with them, for example, about their plans for the rest of the day. People were asked what they would like for lunch and we observed that it was presented according to people's choice. For example sandwiches were provided differently in quarters, halves and without crusts. People had access to drinks and snacks during the day. Where people were unable to obtain drinks themselves we saw they were supported by staff to drink regularly. This was particularly important on the day of our inspection as it was a hot sunny day and people were relaxing in the garden area.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. A person told us that they had a dentist appointment the following day and we observed during our visit another person being supported to attend a medical appointment. The registered manager told us that they had a positive relationship with the local GP practice. Physical health assessments had been carried out and we saw that people had accessed health screening.

The provider had made appropriate referrals when required for advice and support. Where people had specific health needs, advice and support had been sought. Care records detailed what support people required to support them with their health needs. For example one person had recently required more intensive support around their diabetes and the home had worked closely with the district nursing service in

order to provide this. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. Transfer documents were in place so that if people were admitted to hospital there needs and preferences' could be understood.

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which involved a range of people including the local authority and people's representatives to consider what was in people's best interests.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection no one was subject to a DoLS and 12 applications had been made.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received. One person told us, "The staff are very nice." A relative told us, "The staff are wonderful, don't know what we would do without them" and another told us, "Staff are fantastic nothing is too much trouble." A relative told us, "[My family member] has settled really well there, we were worried at first but we couldn't wish for a nicer group of people. It is home from home". Another relative told us, "They [staff] obviously love what they do. It is more than just a job to them."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. We observed a person had been referred to a dietician for support and advice with their diet and that their condition had improved as a result of the care staff had provided in supporting the person to manage their meals. Staff told us how they had supported the person to access their meals how they wanted which had helped to improve their eating habits. People were treated as individuals and allowed to express their views as to how their care was provided.

Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. For example in order to support a person to make decisions about their care, staff were encouraged to write questions and use objects of reference or pictures in order to encourage engagement.

We saw that caring relationships had developed between people who used the service and staff. For example, on the day of our inspection a person had been supported to attend a relative's funeral. We observed that both staff and people who lived at the home were supportive to the person. One person was particularly upset for the person and staff took time to explain how they could help their friend, for example offering them a cup of tea. We saw also that a member of staff had come in specifically to attend the funeral with the person in order to support them. This was in addition to the member of staff who was designated to provide the support because they wanted to be there for the person.

Staff referred to the people in the home as a family. They told us that they tried to keep the home as 'homely' as possible. A member of staff told us, "It's their home and we want it to feel as much like a home as possible." A relative told us "[My family member] has settled really well there. We were worried at first but we couldn't wish for a nicer group of people. It is home from home." Another said, "[Family member] comes home for the weekend and I think it is a good sign that they want to go back, it is their home."

Where appropriate people had access to advocacy services. People were provided with information on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes.

A member of staff had been appointed as dignity champion and staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff observed the right for

people to have their own space within their home, for example, a person told us that they were able to arrange their room as they liked and that they had chosen the furniture and colour scheme. One person said, "I go to my room for some time alone. I spend time on the internet." Staff spoke discreetly to people and asked them if they required assistance. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices and views respected. We observed staff consistently gave people choices about their care. For example, on the day of our inspection four people went out to a local resource for an ice cream. We observed that people were asked what they wanted to do and were involved in discussions about who would go on the outing. The registered manager told us that they usually went out in small groups but that once a month they had access to a mini bus so that a larger group could go on a trip if they wanted to. We saw in people's care records photographs of trips to the coast. The registered manager told us that they tried to provide activities according to what people wanted, on a flexible basis. For example, the previous day had been particularly warm and they had decided to have a barbecue and invite friends and relatives to it.

One person told us, "I go out shopping and to drama, Zumba and aqua fit classes." A relative said "[my family member] goes to a day centre and out in the evenings. I think they do their best with the staff they have." Another relative told us,"[Family member] goes to a social club, archery and has some activity most days."

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example, a person was learning to play the guitar. Two other people enjoyed going out into the community and we observed that they paid for additional one to one support people to enable them to take part in activities. We observed staff talking to one of the people about what they wanted to do when they had their one to one support.

Relatives told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative. The registered manager told us that they tried to ensure that feedback was provided to relatives on significant issues with the person's agreement. A relative said, "We are always on the phone with them to catch up" and another told us, "Yes we are kept fully informed. They ring as soon as they have been to doctors etc."

One person who lived at the home told us, "Yes I do have a care plan and I wrote my own notes for it." A relative said, "Yes (family member) has a care plan, we were involved and go for reviews when needed." The registered manager told us that people were involved as much as they were able and wished to be involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. They said that they also used observation and knowledge of people to ensure that people were happy with the care they received. We looked at care records for people who used the service. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. A record stated, "I choose what time I go to bed, it depends how I feel." Another detailed how a person liked to spend their mornings. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

The registered manager said that she tried to speak with people regularly on an individual basis. In addition the registered manager told us that they always discussed the issue of making a complaint and checking if people were happy with their care at reviews. House meetings which involved people who lived at the home were held however the registered manager told us that it was sometimes difficult to include everyone so they also communicated with people on a regular basis about the running of the home. One person told us, "We do have meetings, but it is usually just me who talks. They [staff] do listen to me though." A survey had also been carried out with relatives in 2015 to understand their opinions about the service.

Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. They said that the staff would always discuss issues with them. One relative told us, "If I have a problem I go to the manager and it is sorted out." Another relative said, "We have never had any problems but would talk to manager if we had." The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been not been any recent complaints.

Good

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability. A member of staff said, No problem working with anyone. We ask what needs doing and work together." Staff told us that they felt supported in their role and would feel comfortable raising issues with the registered manager. Staff had access to an on call manager for advice and support on a 24 hour basis. A member of staff said, "Have relationships so that people and staff feel able to raise issues."

We found that the registered manager was visible, knew their staff and the people in their care. The people who used the service and their relatives that we spoke with knew who the registered manager was and knew them by name. A relative told us, "The manager does a really good job, always on hand even when she is not at work," and another relative told us, "She [manager] goes the extra mile." The registered manager had a flexible approach to the running of the service. For example they told us that when possible they would alter the staffing arrangements within the current resources in order to be able to meet the demands and activities of the service.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as infection control and health and safety. We saw the records of the checks identified when actions were required and when changes had been made to improve the quality of the service. For example a dignity audit identified that curtains in a person's room were not closing fully which compromised the person's privacy. The record detailed when the work had been completed. Care records had also been checked to ensure that they included the required information to ensure that staff were able to care for people appropriately.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires. Seven out of 13 responses had been received and only one negative comment had been made. Where questionnaires had been received and negative comments included we saw that action had been taken to discuss the concerns and address the issue. Staff meetings were held regularly and staff told us that they felt able to raise issues and felt listened to.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns about any poor practices witnessed. Information relating to whistleblowing was displayed on the office wall so that staff were able to quickly report an issue if they needed to. They told us they felt able to raise concerns and issues with the registered manager. The relatives we spoke with told us that they would be happy to raise any concerns they had.