

# Abbeyfield Tamar Extra Care Society

# Tamar House

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Tamar House is a residential care home providing personal care for up to 28 people, some of whom are living with dementia. At the time of the inspection 27 people were receiving support.

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

Some people were not able to tell us verbally about their experience of living at Tamar House. Therefore, we observed the interactions between people and the staff supporting them.

Other people and their relatives told us they were happy with the care they received and felt safe living there. One person said; "I'm very safe here" and "Very very happy here!" A relative said; "Can't speak highly enough of them." People looked very happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

People's needs were met in an individual and personalised way by staff who were exceptionally kind, caring and responsive to their changing needs. People felt listened to and knew how to raise concerns. The service was responsive and innovative in looking at ways of meeting people's social needs. Enough staff who had been recruited safely were available to meet people's needs and we observed staff respecting people's privacy and protecting their dignity.

People were safeguarded from the risk of abuse. People received safe care and treatment from staff who had the knowledge and skills they needed. The environment was safe, with upgrades and redecoration ongoing. People had access to equipment where needed.

People were supported to take medicines safely. Good standards of hygiene were maintained, and people had been helped to receive prompt medical attention when necessary.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

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.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

Effective governance systems were in place, ensuring people received consistent care.

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

#### Rating at last inspection

The last rating for this service was Good (Published 23 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Tamar House

## 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

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

#### During the inspection

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 met with most people who used the service and spoke to ten people in more detail about the care they received. We spoke to ten visitors, six staff members, the registered manager and deputy manager. We also spoke with two visiting professionals. We reviewed the care records of three people, medicine records, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support information as well as audits and quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- People told us they felt safe and able to raise any concerns they might have.
- Staff were aware of how to identify, report and escalate any safeguarding concerns.
- The registered manager had taken action to help ensure people were protected from the risk of abuse or neglect when concerns had been raised.
- Systems were in place to record and monitor incidents and this was overseen by the registered manager to ensure appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to them moving to the service to ensure they could safely meet the person's individual needs. Risk assessments guided staff on how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed and supported people to change position regularly or maintain their mobility.
- Where people experienced periods of distress or anxiety, due to living with dementia, staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This helped to make sure the equipment was safe for staff and people to use.

Staffing and recruitment

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service, undertaken before new staff started work.
- There was a skill mix of staff throughout the service. In addition to care staff there were housekeeping staff as well as chefs and kitchen support staff.
- People we spoke with, including staff, relatives and those living at the service felt there were enough staff

on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed support.

#### Using medicines safely

- People received their medicines safely and on time. Staff kept up to date on their medicines procedures and staff completed training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

#### Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks. The premises were free from malodours.
- Staff had the required protective equipment available, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. The service was able to demonstrate where it had analysed incidents such as falls and worked out how to better prevent them.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Prior to moving into the service, the registered manager or deputy manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction were provided for staff on how to meet those needs.
- Care plans were kept electronically in addition to care records and risk assessments. Individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who had the knowledge and skills to deliver care to meet people's individual needs. Training methods included online, face to face training and competency assessments.
- New staff members completed the organisations induction programme when they started working at the service. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular supervision with the registered manager. Staff said they were well supported in their roles.

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

- People were complimentary about the food. Comments included, "Lovely food and a good choice" and "Can't fault the food."
- People were supported to eat and drink enough. Catering staff prepared a range of meals that gave people the opportunity to have a balanced diet.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, had drinks provided and these were refreshed throughout the day. Hydration stations were available for people to access drink at any time.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a team of staff who worked well together and had communication systems to support this.
- People were supported to maintain good health and were referred to appropriate health professionals as

required.

- Systems were in place to ensure information about people's needs was shared if they were transferred between services.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals as this was needed. People's records confirmed the involvement of GP's, opticians, dentists and other specialist services such as tissue viability nurses.
- People were having their oral healthcare needs met. Each person's oral health needs had been identified in their care plans. People had access to dental care and check-ups. Staff understood the importance of good oral healthcare.

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

- The accommodation was designed and adapted to meet people's needs and expectations. There was a range of mobility aids to support people to move around the service.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

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.

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.

- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day.
- When people lacked mental capacity, the organisation had procedures in place to ensure that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided.
- Some people had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
- Applications had been made to obtain authorisations when people lacked mental capacity and were being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were committed to ensuring people received the best possible support in an exceptionally caring and nurturing environment. They supported people in a very patient and attentive manner. We observed if people became distressed, staff responded immediately and knew how to reduce their anxiety. For example, staff supported people to talk with family via Skype if they were distressed about missing them.
- Staff showed a positive, 'can do' attitude and were creative in finding ways to enhance people's lives. They had displayed 'Post cards of Kindness' in the main entrance. The service asked, via some social media sites, for people to contact people living in the service and send postcards. They had received cards from all around the world which people got together to discuss. This had started many interesting discussions and in some cases triggered memories. People also wrote cards back to people and, as a result a person from the USA, had started to send music CD's to the service for people to listen to.
- Staff used an in-depth awareness of each person to support them very well, both in terms of the care they needed and other things such as details about their families and interests. For example, one person liked to play the piano, but not in front of others. Staff ensured that this person had the opportunity to play while others went to lunch. This person said how much they'd enjoyed this.
- Staff were exceptionally motivated about ensuring people were treated with the utmost kindness, compassion and support. People and their relatives were keen to tell us how the service and the standard of care had far exceeded their expectations. People told us, "My son couldn't have picked a better place for me" and "I have lived here a long time. All the staff are very caring and kind." Comments from relatives included, "Superb (home)," "They give extended family care" and "I can't speak highly enough of them." One professional said, "A good caring staff team."
- Staff were genuinely committed to providing exceptional care and were very attentive, spending individual time with people. Staff were exceptionally warm and friendly to people. People told us; "The staff are very, very good. I'm very happy here." We saw, staff greeting people with hugs and kisses and gently touching people on the arm to reassure them. We heard lots of staff and people singing together and chatting over the daily papers.
- Staff valued their relationships with people and told us they were genuinely pleased to come to work. They had developed very positive, warm relationships with people and their relatives. Many of the staff team had been employed at the service for a long time therefore people received support from staff who were well known to them. As a result, staff knew people's individual needs and preferred routines exceptionally well. Comments from staff included, "It's a fantastic home to work in" and "People can have what they want. I know people are safe here."

Respecting and promoting people's privacy, dignity and independence

- The service strived to help people live independent and fulfilling lives. For example, one person delivered the daily newspapers to people within the service, while another changed the daily date/time and weather board for everyone. Another two people ran the home's tuck shop which was particularly popular in the service. Staff told us, "It's been really great, people have enjoyed their time working in the shop but also visiting to buy things." This allowed people living in the service to be in control of their home and gave them a sense of purpose.
- People were encouraged to go out, with families and friends, and maintain their independence and relationships within the community. One person told us they attended a community group and were encouraged by the staff to continue to attend while they stayed in the service. Tamar House had also set up a knitting group. Members of the local community were invited to attend and join people in knitting over a coffee. The group donated knitted items to local homeless shelters.
- Staff showed exceptional knowledge about people's needs. They were able to anticipate people's needs and recognise potential triggers of distress. This enabled them to provide the right support to deescalate the behaviour and protect the person's dignity. For example, one person responded well to walking around the service. Staff understood this and walked around with them talking and chatting, which they found reassuring.
- Staff were polite and courteous and went 'above and beyond' to ensure care was just right for people. We observed staff were highly motivated and offered care and support that was exceptionally compassionate and kind. Written feedback from a relative confirmed, "I cannot recommend Tamar House highly enough. Thank you everyone for their professionalism, compassion and care."
- Management and staff were very clear that the service was a family home, people were treated like family, and their privacy and dignity was respected. We observed staff knocking on people's doors and then waiting for people to respond before they entered. We observed staff always asked people for consent before providing care.

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

- The ethos and leadership of the service promoted an exceptionally strong person-centred culture where people were involved and at the heart of the service. Staff were extremely skilled at listening to people and using the information they found out to further enhance people's care. For example, the service encouraged people to share their memories. One person informed the staff how they used to like making pasties with their wife and they had only tried a traditional pasty. The service set up a 'pasty tasting' activity where they purchased a variety of different flavour of pasties for all to try.
- Tamar House had volunteers who enabled people to be supported and encouraged to express their views and have a direct impact on the care and support they received. The registered manager said that volunteers visited the home on a regular basis and became part of the Tamar House 'family'. The volunteers ensured regular visits were made that provided enrichment of people's lives. For example, two volunteers came in from the local church and carried out activities with people but also prayed with those who wished to. Another volunteer not only helped with the health and safety and maintenance of the service but involved one person who lived at the service whose previous role was in the building industry. One person became a volunteer at Tamar House after their loved one passed away at the service.
- People were respected, listened to, and had an influence on how care was provided. The service had designed a special (cardboard) 'Life Tree' in the main entrance where people could add notes, designed as leaves, to raise a subject they would like to discuss. The registered manager said the 'Life Tree' had been put in place to spark conversations and stimulate memories and opinions. People were asked to put questions on the tree. For example, one question had been; 'What advice would you give to a student coming into health and social care.' The home supported placements from the local college of students going into the health and social care fields. The registered manager said this opened discussion between people and

students when they visited the service. This enabled people who used the service to give students 'Life tips' on living in a care setting. Staff also signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

- Staff were extremely knowledgeable about people they supported and used this knowledge to help ensure people's wishes were met. One person was an ex service person. The service had arranged for this person to visit the local barracks and for the barracks to assist in arranging a VE Day celebration for all to enjoy. The service had also set up a 'Travel Club' which gave people an opportunity to discuss where they had visited in the world to share with others and capture key memories and times in a person's life.
- People were truly respected and valued as individuals and were empowered as partners in the service. People had set up their own values and agreed them at a residents meeting. These values included, 'Reassuring and Aspiring.' This helped to show people where valued, respected and put at the centre of the service.
- People were encouraged to share their views and opinions. Staff reflected the provider's values and put people at the centre of the service. They valued people's views and encouraged people to talk with inspectors during the inspection. For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care records were individualised, covered people's specific needs and held information about people's preferences and personalities. This guided staff to support people in the way they wished to be supported.
- Care records were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in people's needs. People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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.

- People's care records outlined any communication needs and documents could be provided in other formats if required.

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 were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being.
- The home's activities programme was displayed, and people were informed about upcoming events.
- There was a whole team approach to keeping people meaningfully occupied.
- Representatives from the local community groups visited the service regularly. In addition, people took part in external events in the local community. People said they'd particularly enjoyed the local schools coming in.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

#### End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. There was positive links with external professionals, such as GPs and community nurses when needed.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We received positive feedback in relation to how the service was run, and our own observations supported this. People and relatives were complimentary of the service and of the warm, friendly, family atmosphere. A relative told us, "Absolutely great place. The manager has been very good."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "The manager is brilliant" and another said "She (the registered manager) is fantastic, nicest manager I have ever had."

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- The services governance and recording systems were effective. The registered manager, deputy manager and staff team were enthusiastic and passionate about providing good quality care.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team had an oversight of what was happening in the service and were very visible. They took an active role in the running of the service.
- Audits were taking place including infection control, care plans, health and safety and medicines administration. These audits had supported improvements to the service.

- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people.

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

- People, relatives and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture. People told us communication with the management team was very good.
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also worked in close association with the community nurse team and the palliative service in supporting people's needs.
- Policies and procedures held were designed to supported staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked with other agencies to ensure people had access to the support they needed.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.