

Karlyon Care Ltd

Tamara House

Inspection report

Thanckes Close
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tamara House is a residential care home that provides care and accommodation for up to 29 older people, some of whom are living with dementia. At the time of the inspection there were 29 people living in the service. Accommodation is arranged over two floors, there are stairs and a lift to get to the upper floors. Bedrooms have en-suite bathrooms and there are also shared toilets, bathrooms and shower facilities. On the ground floor there is a large dining and living area and access to a patio garden.

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

There was a relaxed and friendly atmosphere at the service. People told us they were happy with the care they received and believed the service was a safe place to live. People and relatives were positive about staff and told us about their caring attitude, and how they treated people with kindness and compassion. Comments included, "Very kind, caring and genuinely keen to provide the best possible care to the residents", "They all do a great job" and "It's a very nice place."

Management and staff were open to advice from healthcare professionals and willing to learn when things went wrong. For example, working with the local district nurse team to gain greater knowledge of understanding of how to recognise the early signs of people developing pressure ulcers and make referrals in a timely manner. This partnership working had resulted in improved outcomes for people's health.

Records of people's care were individualised and detailed their needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

The medicines system was well organised, and staff received suitable training. People received their medicines on time.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

The premises were clean and well maintained. People had access to equipment where needed. Since the last inspection extensive work to upgrade and improve the premises had taken place and was still on-going. These improvements included re-decoration, new carpets and flooring, therapy rooms and a cinema room. Each wing of the premises had been decorated with a specific theme and signage to help people living with dementia to orientate around the home.

Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect

people, visitors and staff from the risk of infection. During the summer months some families had met people in the garden and new arrangements were being set up for families to meet in a safe area of the home during the winter months.

People, their relatives and staff were regularly asked for feedback on the service's performance. There was a stable staff team who knew people well and worked together to help ensure people received a good service. People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised.

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

Rating at last inspection and update

The last rating for this service was overall good. (Report published on 4 December 2017). The safe key question was rated as requires improvement because we identified the need for some improvements.

Why we inspected

We received concerns in relation to the management of the service, the quality of care provided and the cleanliness and safety of the environment. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good and the safe key question has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tamara House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Tamara 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Tamara 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.

Notice of inspection

The inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced. We also considered the last inspection report and looked at the Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We spoke four people living at Tamara House. We looked around the premises and observed staff interacting with people. We also spoke with four care staff, the activities co-ordinator and the registered manager.

We reviewed a range of records. This included five people's care records and a sample of medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection control, Covid-19 and business continuity policies sent to us after the site visit. We spoke with two professionals who regularly visit the service and four relatives.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

We reviewed this key question because we received concerns about how risks were being identified and managed in relation to people's care and the environment. We also reviewed this key question to follow up on areas identified for improvement at the last inspection in relation to fire safety procedures.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. Staff had guidance to help them support people to reduce the risk of avoidable harm.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls. When people were at risk of developing pressure ulcers air mattresses and cushions were in place to help protect their skin integrity. There was a system place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was well maintained and since the last inspection extensive work to upgrade and improve the premises had taken place and was still on-going. Equipment and utilities were regularly checked to ensure they were safe to use. Since the last inspection fire safety procedures had been improved and appropriate checks and training for staff were in place. Emergency plans, outlining the support people would need to evacuate the building in an emergency, had also been updated and were being kept under regular review.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed living at Tamara House and told us they felt safe.
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- Staff knew how to report and escalate any safeguarding concerns.

Staffing and recruitment

- People, their relatives and staff all told us they felt there were enough staff on duty to meet people's needs. During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Before entering and leaving the home visitors were asked to wash and sanitise their hands and have their temperature taken.
- We were assured that the provider was meeting shielding and social distancing rules. Routines around the home had been changed to minimise the number of staff and people, in the same area of the home, to allow to social distancing. During the summer months some families had meet people in the garden and new arrangements were being set up for families to meet in a safe area of the home during the winter months. These arrangements included the purchase of a disinfection fogging machine to use in the entrance hall before and after each visitor entered the home.
- 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 promoting safety through the layout and hygiene practices of the premises. Hand sanitiser was available at the entrance and around the premises. Additional cleaning processes had been put in place and there was a clear audit trail to check these were being completed.
- 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's business continuity plan had been updated and a Covid-19 policy had been developed to set out how the service would respond to an outbreak of the virus.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- In the first few weeks of the Covid pandemic there were some incidents where staff had not recognised the early signs of people developing pressure ulcers and referrals to the district nurse team were not made in a timely manner. This was in part due to staff not being able to check with the district nurses on their routine visits, because these visits stopped at that time, and also because staff either didn't have the knowledge or the confidence to report changes about people's skin.
- The registered manager arranged for staff to have specific training and asked the district nurse team to support staff to gain a better understanding of their role in relation to identifying potential pressure ulcers. The district nurses confirmed staff now realised the important of regular checks of people's skin. This had resulted in fewer cases of pressure ulcers and when they did occur staff alerted the district nurses straight away, which meant treatment commenced sooner and prevented the affected ulcers from deteriorating further.

Is the service well-led?

Our findings

Well-Led – this means 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 as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We reviewed this key question because concerns had been raised about the quality of the care provided and how care and risk were being monitored.

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

- The registered manager and staff were clear about their aim of providing person-centred care. They had comprehensive oversight of the service and understood the needs of people they supported.
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people. For example, staff supported one person to continue to pursue their interest in birds. A bird feeder had been placed outside their room for them to watch birds and their room had been decorated with pictures of birds. A member of staff, who shared similar interests in wild life, spent regular one-to-one time with the person to talk about their interest and to share photos and videos they had taken. The relative of the person commented how these actions have greatly enhanced the person's well-being.
- People told us they were happy living at the service and with the staff who cared for them. Relatives told us, and we observed, that staff had good relationships with people and they were treated well. Comments included, "We are all very grateful that [person] and the other residents are treated so well and are happy at Tamara", "Overall I am happy with the home and how staff look after my Mum" and "They look after my Dad well."
- Before this inspection we received concerns about food quality and small helpings. At this inspection we sampled a meal, observed people having their lunch and spoke with people and staff about the meals provided. We did not have any concerns about the meal provision. People told us, "The food is very good", "The food is alright" and "I am happy with the food."
- People and visitors told us they thought the service was well managed and management and staff were approachable. Comments included, "I trust them and I have confidence in the management of the home" and "I ring every two weeks and staff tell me how [person] is and clearly know them".
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a deputy manager and key workers had oversight of named individual's care planning. Managers provided

effective leadership to the staff team and their individual roles and responsibilities were well understood.

- Staff spoke positively about the management and the way the service was run. They told us they felt valued and were well supported. Comments from staff included, "It is a good place to work I absolutely love it", "I get on well with the manager, she is very supportive" and "The manager is amazing, she is quite understanding and supportive."
- The management team carried out regular audits of care plans, incident/accidents, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.

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 provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Questionnaires were regularly given to staff, people and families. The responses from the most recent survey, to ask for feedback about how the service had dealt with the Covid pandemic, were positive. As one person said, "Thank you all so much for all you are doing to keep [person] and the other residents safe."
- Staff had regular one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Since our last visit the provider had invested in extensive improvements to the premises, and work was still on-going. These improvements included re-decoration, new carpets and flooring, therapy rooms and a cinema room. Each wing of the premises had been decorated with a specific theme and signage to help people living with dementia to orientate around the home.
- New electronic systems had been introduced to record details of people's care and medicines and these systems were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- People's needs and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Management and staff had been working closely with the local district nurse team to improve the health outcomes for people who were at risk of developing pressure ulcers on their skin. Nurses had supported staff to understand what to look for in the early stages of skin damage. The nurses told us, "Staff have

realised the important of regular checks of people's skin and body maps are being routinely used to check how specific areas change. They are doing well now and are a good bunch of caring staff. They are all willing to learn and the manager is very open and listens to our advice."

- Other external professionals were also positive about the service and the working relationship. One said, "Tamara House has shown continued investment both financially and through the development of their staff team through the adult apprenticeship scheme."