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? | **Good** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires improvement** |
| Is the service well-led? | **Good** |

## Overall summary

The inspection took place on 22 and 24 April 2015 and was unannounced.

Tamar House Nursing Home provides care and accommodation for up to 21 people. On the day of the inspection 15 people were living at the care home. Tamar House Nursing Home provides care for older people who may live with a dementia or physical difficulty. The home is on two floors, with access to the upper floors via a passenger lift. There are shared bathrooms, shower facilities and toilets. Communal areas include a lounge, dining room and outside patio area.

At our last inspection in June 2014 the provider was meeting all of the Essential Standards inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were well supported by staff who were kind and caring, one person told us, staff are "lovely…kind… respect me". Through their interactions,

# Summary of findings

the registered manager and staff showed respect and consideration for people, a member of staff told us, "It's wonderful… I don't know one carer who isn't caring". People's friends and families were welcomed by staff. People told us they felt their privacy and dignity were maintained.

People told us they had no concerns but were confident if they did they could speak with the registered manager and with staff. People were encouraged to give feedback about the care and support they received and their feedback was valued and used to make changes. The registered manager shared examples of when improvements had been made following complaints. The registered manager understood the value of feedback and complaints to help improve the service. External health and social care professionals were complimentary about the staff and about the care home.

People felt safe, one person told us "I feel safe and sound". People were protected from abuse because staff had been trained to recognise abuse, and were confident to whistle blow about poor practice. Staff were confident they would be listened to and any concerns raised would be taken seriously. One member of staff told us, "this is their home and they need to feel safe". Safe recruitment procedures were in place. People told us there were enough staff. The registered manager regularly reviewed the staffing levels in line with people's individual care needs to help ensure there were always sufficient and appropriately skilled staff.

People, when appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA) and the registered manager and staff had an understanding of the legal framework. People had not always consented to their care and treatment. Care plans did not always detail information about people's mental capacity. This meant there was no guidance in place for staff about how to support people who lacked capacity to make day to day decisions about their care and support. The registered manager confirmed action would be taken to address this issue and make changes straight away.

People's care plans did not always involve the person or detail information about their personal histories to help staff get to know people and help promote engaging conversations. People's care plans addressed their health and social care needs but they were not always reflective of their current care needs, and did not give clear guidance and direction to staff. The registered manager was responsive to our feedback and by the end of our inspection, had already started to make improvements.

People were protected from risks associated with their care and risk assessments were in place to give guidance to staff about how to minimise associated risks. People's nutritional needs were met. People were supported to maintain a healthy balanced diet but care plans were not always in place to support this. People were complimentary of the meals and people were offered choices. One comment included, "food is well cooked and presentable.....a good amount and lovely sweet".

People's medicines were managed safely. The registered manager had a monitoring system in place. Medicine errors were thoroughly investigated and used as learning opportunities. Nursing staff were expected to undertake training and annual competency assessments. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, and district nurses.

Staff told us they felt well supported and the registered manager offered and encouraged training opportunities. Staff completed an induction and were given supervision and appraisals to help them reflect on their practice and ongoing development.

The registered manager was knowledgeable about people, and took a hands-on approach to the management of the care home. The registered manager felt supported by the registered provider who visited several times a week and was always available on the telephone.

There were quality assurance systems in place. Incidents were recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements. The registered manager had commenced the annual survey earlier because of the concerns which had been raised. This demonstrated a proactive approach to the management of the care home, and emphasised the value the registered manager placed on feedback to help drive continuous improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

People told us they felt safe. Staff knew what action they would take if they suspected abuse was taking place. Safe recruitment practices were in place.

There were enough staff to meet people's needs.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were managed effectively to ensure they received them as prescribed.

**Is the service effective?**

Requires improvement

Aspects of the service were not effective.

People had not always consented to their care and treatment. Care plans did not always detail information about people's mental capacity.

People's nutritional needs were met. People were supported to maintain a healthy balanced diet.

People told us they felt supported by staff who were trained to meet their individual needs.

People had their health needs met and could access appropriate health, social and medical support as soon as it was needed.

**Is the service caring?**

Good

The service was caring.

People told us staff showed kindness and treated them with respect.

People's confidentiality, privacy and dignity were respected by staff.

People were supported to make decisions and be involved in their care.

**Is the service responsive?**

Requires improvement

Aspects of the service were not responsive.

People were not involved in the design and implementation of their own care plans which meant care planning documentation was not reflective of their wishes.

People's care plans were not individualised and did not provide guidance and direction to staff about how to meet people's care needs.

# Summary of findings

People felt confident to complain. The registered manager recognised the value of complaints and used them to improve the service.

**Is the service well-led?**

Good

The service was well-led.

People knew who the registered manager was and told us they were approachable.

The registered manager promoted a positive culture and staff felt they were valued.

The registered manager and provider had systems in place to help ensure people received quality care and support.

# Tamar House Nursing Home

**Detailed findings**

## Background to this inspection

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

We visited the home unannounced on 22 and 24 April 2015. The inspection team consisted of two inspectors and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection the Commission had received concerns about the confidence staff had in the management of the care home, administration of medicines, the quality of care people received, lack of food choices, and that some staff were unkind to people. The registered manager had been working positively with the local authority safeguarding team to investigate. We found no concerns as part of our inspection.

During our inspection, we spoke with 10 people living at the home, one visitor, one nurse, 11 members of care staff, one laundry assistant, the chef, the registered manager, the registered provider and one GP.

We observed care and support in communal areas, spoke with people in private and looked at five care plans and associated care documentation. We also looked at records that related to medicines as well as documentation relating to the management of the service. We looked at policies and procedures, staffing rotas, the accident book, five staff recruitment and training files and quality assurance and monitoring paperwork.

Before our inspection we reviewed the information we held about the home and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. After the inspection we contacted local commissioners of the service who funded people who lived at Tamar House Nursing Home to obtain their views. We also made contact with eight GPs.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Tamar House Nursing Home, one person told us, "I feel safe and sound".

People were protected from abuse by staff who had undertaken safeguarding training. Staff knew what action to take if they suspected abuse was taking place, and had access to the safeguarding policy. They told us they would have no hesitation in reporting concerns to the registered manager or the registered provider. A member of staff shared an example of how the registered manager had responded to a concern which had been raised, and was complimentary about how it had been handled.

People were protected by safe recruitment procedures. The registered manager followed a policy which ensured all employees were subject to necessary checks to determine they were suitable to work with vulnerable people.

People felt there were enough staff to support them and to meet their needs day and night. Comments included, "the bell is answered on time", "it's nice...the girls come in for chat" and "night staff come when I ring the bell...no problem [no delay]". Staff also confirmed they felt there was adequate staffing. The registered manager understood the importance of flexible staffing arrangements to help meet people's individual needs, and rotas demonstrated this. For example, staffing levels had increased at times as a result of some people wanting to go to bed early, caring for people at the end of their life and to offer additional support at lunch time.

People were supported by staff who understood and managed risks effectively. Staff regularly checked people who chose to spend time in their bedrooms to help ensure they were safe. People did not have personal emergency evacuation plans (PEEPS) in place which meant, in an evacuation, emergency services would not know what level of care and support people may need. The registered manager had not assessed environmental risks to people, for example, the hot water and access to the laundry and sluice rooms. However, when we returned on our second day the registered manager had risk assessments in place and explained that PEEPs would be created for people.

People had risk assessments in place when there were health concerns such as those at risk of falls, skin damage or malnutrition. The risk assessments were reviewed on a monthly basis to help ensure the information was reflective of the person's current care needs.

People's falls had been recorded and an accident book was used. The registered manager was responsible for checking the accident forms to help ensure action had been taken, to prevent or minimise any ongoing risk. The registered manager did not use the information to help explore themes and trends, but told us she would do this in the future.

People's medicines were managed to help ensure they received them safely. People medicines were reviewed every six months with their GP to make sure they were taking medicine that was required. Nursing staff made sure people received their medicines at the correct times and records confirmed this. People's behaviour was not controlled by excessive use of medicines.

People's pain was managed effectively and staff were observant and responded when a person was experiencing pain. For example, a member of staff was heard to say, "have you still got a bit of pain? I will sort it out for you" and one person told us, "they have been trying to get the pain under control...and I am now out of pain… they are good at getting the tablets to deal with my pain".

Nursing staff received training and had their competence assessed annually. When a medicine error occurred it was thoroughly investigated in line with the registered provider's policy. The registered manager had a positive relationship with external health care professionals and was honest about when things had gone wrong. The registered manager undertook checks to make sure the medicine system was working effectively as well as working with an external pharmacist who visited annually to carry out an audit of compliance.

Requires improvement

# Is the service effective?

## Our findings

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). No applications had been made; however, the registered manager was aware of their legal responsibility. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Care plans did not always detail information about people's mental capacity. We spoke with the registered manager about this who told us action would be taken to make these changes straight away.

Staff received training in respect of the MCA and DoLS and demonstrated knowledge about the legislative frameworks. For example, one member of staff explained some people may have the mental capacity to make some day to day decisions but may require support to make other more complex decisions. They confirmed this would be done in the person's best interests.

People were not restricted from leaving the care home; however there was a coded lock on the internal door and the number was not displayed for people, this meant people were not free to leave. The registered manager confirmed action would be taken to ensure people had the number to the front door to enable them to open the door when they wanted to.

People had not always consented to the care and support they received. For example, people had bed rails in place. Documentation did not show the person had been consulted or consented to the restrictive bedrails being in place. The registered manager had already started to make improvements by the end of our inspection.

We found the legislative framework of the Mental Capacity Act 2005 was not always being followed. People's consent was not always obtained in relation to the care and treatment provided to them. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their health needs met. Staff were observant and responsive in involving external health professionals when a person's health or mental health altered. For example, for one person who had been experiencing anxiety, staff had recorded their concerns and shared the information so appropriate action could be taken. Records demonstrated and people told us they had access to external health and social care professionals.

People told us they had enough to eat and drink and they enjoyed the meals. Comments included "nice cook...very tasty food. I enjoy the food.....lunch is always on time" and "very nice food....they know I don't like trifle and they will always find something else". Staff went out of their way to meet people's preferences. For example, one person said, "They are marvellous you've only got to ask. The other night I felt hungry and asked could I have a fried egg sandwich....I got that, and they get me a drink of milk in the night."

People who were at risk of not drinking enough were regularly prompted. One member of care staff was heard to say, "try and keep your fluids up. . .won't you". People who were at risk of not eating and drinking enough had charts in place to monitor their intake. This helped to ensure action was taken promptly. External health care professionals were involved when necessary for example; one person had been previously seen by a speech and language therapist (SALT) when advice and guidance had been requested by staff and a care plan put in a place.

People's nutritional needs were met and were known by the chef and by staff. The chef was knowledgeable about people's likes and dislikes. Changes to people's nutrition were communicated verbally by nursing staff and documented between kitchen staff. The chef was aware of one person who was receiving end of life care and explained the importance of flexibility and providing a range of options for them. People were offered a variety of meals and choices.

People felt well supported by the staff who worked at the care home and told us they thought they were effectively trained. Comments included, "they know what they are doing", "the carers are kind and do things as I want them to be done.....that's true" and "they have had training to hoist me".

Staff told us they felt well supported and the registered manager encouraged training. Staff had undertaken training specific to their role, such as end of life care and dementia. The registered manager told us a new induction programme was being devised and all staff were going to be asked to complete it. This was because the registered

Requires improvement

# Is the service effective?

manager wanted to ensure all staff had been given the same induction to help ensure staff were aware of their responsibilities and accountability. The registered manager confirmed they were aware of the new care certificate and told us this would form part of the new induction. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Staff received ongoing supervision in the form of one to one meetings with their line manager, and annual appraisals of their work. Some staff told us it had been some time since they had received supervision, and documentation confirmed this. The registered manager explained how improvements were going to be made in the months ahead. Staff did not seem concerned by the delay, and explained they could always speak with the registered manager at any time. Supervision is a process by which a person reflects on their work performance and identifies training and development needs. The registered manager confirmed the frequency of supervision was flexible in order to help support staff.

Good

# Is the service caring?

## Our findings

People were supported by staff who showed kindness and who were responsive to meet people's needs. Comments included, "staff are kind....yes they respect me", "they get me up when I want to", "they are kind...patient with me...they help me washing and dressing nicely" and "all the girls are nice...they don't shout at you...they are very nice. I did not want to stay but now I have been here three years....It's like being at home".

People's friends and relatives were able to visit without unnecessary restriction. One person told us "my neighbour comes to visit she is always given a cup of tea and made welcome". A visitor told us, "I've been coming for five years, […] always looks nice and presentable...I am made very welcome".

Staff were attentive to people, gave people time and were caring in their interactions. People and staff told us about the good fun they had and the humour they shared between each other. One person was unwell and in bed. Staff stopped and talked to them on a regular basis. They checked if the person was in pain or not, reminded them of their call bell and checked that it was within the person's reach. One person had received a ballot card for the forthcoming General Election and was worried that it was not a postal ballot. Staff promised to find out what to do to ensure that they could vote. This conversation was carried out with smiles and laughter and with recognition that voting was important to the person concerned.

People's privacy and dignity were maintained by staff who understood the importance of showing respect for people. For example, when assisting one person in a hoist, a blanket was placed over the person to cover their bare legs. Staff knocked on doors prior to entering people's bedrooms and spoke with people respectfully. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector. People were asked before they moved in, if they would like a lock on their bedroom door and locks were fitted as requested. People's personal information was held confidentially.

People who experienced anxiety were given time to alleviate their worries. Staff were supportive and reassuring. Staff provided reassurance to one person, whilst being transferred in a hoist from their chair into a wheel chair, by explaining what was happening at each stage. One person repeatedly expressed they were worried. Staff repeatedly acknowledged the person, crouched or sat next them, and offered reassurance in a kind and calm way.

People's feedback was important to the registered manager. People were asked for their feedback both formally and informally. For example, on a day to day basis people were encouraged to give verbal feedback about the meals, and on an annual basis a survey was conducted to obtain people's views. People's care plans showed people who mattered the most to them had been involved in the creation of their care plan, but did not always demonstrate the person themselves had been involved. Some care plans had a person's life history, whereas others did not. The registered manager explained that improvements would be made.

One person was currently receiving end of life care. The registered manager explained they always tried to care for people who were at the end of their life at Tamar House Nursing Home rather than the person being admitted to hospital. Staff and the registered manager were knowledgeable about the person and showed kindness through their actions. For example, a soft toy had always been important to this person, so staff ensured it was always in reach and in view. The person's care records showed appropriate intervention by external health professionals when requested by the staff team. The person did not have an end of life care plan in place but by our second visit the registered manager had already taken steps to create a care plan.

Requires improvement

# Is the service responsive?

## Our findings

People had a care plan in place which recorded their health and social care needs, but did not reflect their social interests. People's care plans did not always show their involvement and did not always record their preferences.

People's current care needs were not always reflected in their care plan which meant staff did not have the correct information about how to support a person and meet their individual care needs. For example, one person's care plan detailed they were supported with their lunch. However, at lunch time the person did not require support. Another person who had been diagnosed with diabetes did not have a diabetic care plan in place. Care plans were not descriptive and did not provide clear guidelines for staff. For example, one person used a hoist. The care plan did not detail what type of hoist and the importance of providing the person with reassurance because of their anxiety. Another person required support with their mental health and wellbeing. The person's care plan gave no direction to staff about how to support them.

Care plans did not involve people, give clear directions to staff or reflect the care being delivered. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager accepted our feedback positively and by our second day of inspection the registered manager had designed a new care plan. The care plan was thorough, easy to follow, gave clear guidance and direction for staff and included the necessary information. The registered manager explained work would continue to improve all the other care plans and commented they had been working with an external health professional for advice.

People's care needs were effectively communicated amongst the staff team, to help ensure a continuity of care. Staff had access to people's care plans and recorded on a daily basis what care and support they had received. One member of staff told us, "It's wonderful...there is good communication from nurses".

The registered manager attended handovers to help ensure she had an understanding of people and ensure the team was supported. A member of staff told us the nurses and management were "very good at passing information to us in handovers or if something happens in the day… if we are worried about something or a little bit anxious the nurses take appropriate action, like if we notice a sore developing…they are very good". Housekeeping staff were also encouraged to share their feedback about people.

People told us they felt well cared for and had their needs met by staff. Comments included, "you can't fault the nurses and carers" and "If I have an accident they say 'don't worry that's what we are here for'", "I am well cared for...I could not have been better served....they all make a lot of fuss of me". One person told us with humour; "I tell them they do it"...they've been very good to me". External health professionals told us there was effective communication with the care home and registered manager.

Photographs showed the staff took time to arrange social events and encouraged the local community, family and friends to attend. People could participate in arranged activities at their own choice, although the organised activities which were available to people were limited, for example they only consisted of bingo, film afternoons, the hairdresser and pamper days. People said they enjoyed soaking their feet in a paddling pool on warm days in the summer.

People told us they did not have any complaints, but felt confident they could speak with staff or the registered manager at any time. They felt anything they wanted to discuss would be resolved to their satisfaction. The registered manager had a complaints policy which they used to record and manage complaints. Documentation showed complaints were formally recorded and the person making the complaint was always asked if they were happy with the outcome. Complaints were used to facilitate improvements. For example, a complaint about the laundry service had resulted in a change and a new laundry basket being purchased. The laundry assistant was aware of the complaint and had been part of the process to ensure improvements were made and sustained.

Good

# Is the service well-led?

## Our findings

People knew who the registered manager was and could speak with her at any time because she made herself available. People spoke highly of the registered manager, and told us the "manager is very nice", and "Matron [registered manager] is very friendly".

During our inspection there was a cheerful atmosphere between the staff and people who lived at Tamar House Nursing Home. The registered manager and registered provider took an active role in the running of the service. The registered manager was motivated about providing a quality service. The registered manager was knowledgeable about the people and of the staff team. There were clear lines of accountability and in the absence of the registered manager, staff felt confident to speak with the nurse in charge. External health professionals spoke positively about the care home and about the day to day running of the service.

Policies and procedures were in place and accessible to staff. The registered manager was in the process of reviewing and updating important polices which were going to be re-issued to staff. This helped to ensure staff understood what was expected and underpinned their working practices

Staff told us they felt supported by the registered manager. Comments included, " […] (The registered manager) is the best boss I've had so far, she'll talk to you and she sorts things out and she's hands on and goes around talking to people. If I've got any concerns I'd raise it with whoever's in charge. Normally we have a meeting on a Monday and if we've got any concerns we'd raise them then. I've never had any concerns or worries" and "the leadership is very good".

Staff told us they thought the registered manager was sensitive to personal difficulties and childcare arrangements.

There was a whistle blowing policy in place and staff told us they were not fearful about raising concerns. Staff told us, "I would speak to manager then CQC. It's not about my job it's about the residents" and "over the past few months there has been more response to queries [raised by staff]" and "there is more open door communication". Staff also told us they would feel confident about speaking with the registered provider who visited once a week.

The registered manager and registered provider met regularly to discuss the running of the care home. The registered manager told us she felt supported in her role and could contact the registered provider at any time. The registered manager was not offered any supervision and we spoke with the registered provider about the importance of ensuring this was in place. The registered manager undertook training in respect of the role to help develop her own knowledge and practice. One member of staff told us, "the manager has been improving her performance...she has learnt to listen to what we need and quickly respond".

There were systems in place to check the care and support people received was of a high standard. For example, by spot checks, medicine audits and annual surveys. The registered manager explained other checks were carried out, but were not always documented. We were told additional audits and improved recording would be undertaken. The registered manager had recently brought forward the annual survey because of concerns which had been raised. The results were in the process of being collated. Results would be shared with people and an action plan would be created if improvements were required.

The registered manager had positive relationships with health and social care professionals who had involvement with the home. The local authority informed us the staff had been receptive to recent safeguarding issues raised and taken action to investigate and make any necessary changes. The registered manager was proactive in making immediate changes when we identified areas for improvement as part of our inspection and was keen to make sure things were right.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>Regulation 9 (1) (a) (b) (c) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Person-centred care<br><br>Care plans did not involve people, give clear directions to staff or reflect the care being delivered. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Need for consent<br><br>The legislative framework of the Mental Capacity Act 2005 was not always being followed. People's consent was not always obtained in relation to the care and treatment provided to them. |