

Karlyon Care Ltd

Tamara House

Inspection report

Thanckes Close
Torpoint
Cornwall
PL11 2RA

Tel: 01752813527

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02 March 2021

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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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 27 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

Some people living at the service were identified as being at risk of falling and there were effective systems in place to manage each person's individual risks. Management and staff understood the balance between keeping people safe from the risk of harm and injury, due to falling, and enabling people to make informed choices about taking risks.

Advice was sought from appropriate external healthcare professionals about how to reduce the risk of harm for people who had fallen. This included seeking medical attention, in a timely manner, when people were injured from a fall or a suspected medical condition might be the cause of the fall.

However, care records did not always reflect the knowledge staff had about people's risk levels and the actions staff were taking to help reduce the risk of harm. We have made a recommendation about care records.

Accidents and incidents were recorded and analysed. Falls audits were completed to identify trends. However, these audits did not include any details about the location and day falls took place, which would help to further identify actions that might need to be taken. We have made a recommendation about analysing data.

There were enough staff on duty to meet people's needs Monday to Friday. However, at weekends care staff had less time to spend with people because domestic and activity staff did not work on these days. Following our visit, the registered manager sent us new rotas that showed domestic and activity staff would be on duty seven days a week.

During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. One person told us, "I am happy living here and staff are always around to help when I need them."

The premises were clean and well maintained. 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 our inspection we discussed the lack of domestic staff on duty at weekends and the registered manager made changes to remedy this.

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 good. (Report published on 12 November 2020).

Why we inspected

We undertook this targeted inspection to check concerns raised about the service in relation to falls management and staffing levels.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Tamara House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had in relation to staffing levels and the assessment and monitoring of people who were at risk of falls.

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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people living at Tamara House and a visiting healthcare professional. We looked around the premises and observed staff interacting with people. We also spoke with three care staff, one housekeeper, the deputy manager, the registered manager and the provider.

We reviewed four people's care records and audits in relation to falls and accidents. We also looked at staff rotas.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We were sent further documents relating to falls management, call bell audits and revised staff rotas.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had in relation to staffing levels and the assessment and monitoring of people who were at risk of falls. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. Some people living at the service were identified as being at risk of falling and there were effective systems in place to manage and monitor the risks for each person. Management and staff understood the balance between keeping people safe from the risk of harm and injury, due to falling, and enabling people to make informed choices about taking risks.
- Advice was sought from appropriate external healthcare professionals, such as occupational therapists, about how to reduce the risk of harm for people who had fallen. Medical attention was also sought, in a timely manner, when people were injured from a fall or a suspected medical condition might be the cause of the fall.
- For example, one person was falling regularly, sometimes several times a day. By reviewing records and speaking with the registered manager and staff we were able to establish appropriate measures had been put in place to help minimise the risk of harm for this person. This included regular discussions with the GP about any possible medical causes. Referrals had also been made to the falls and safeguarding teams. Feedback from both of these teams confirmed the service had taken robust action to help keep the person safe from avoidable harm.
- However, risk assessments and care plans did not always reflect the knowledge staff had about people's risk levels and the actions staff were taking to help reduce the risk of harm. Daily notes also lacked detail about actions staff had taken and the outcomes of conversations with external healthcare professionals.

We recommend the provider consider current guidance about maintaining accurate records of people's care needs and how care is provided.

- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Monthly falls audits were completed to identify how many falls individual people had and what actions

had been taken such as referrals to the falls team or occupational therapists. However, the audits did not include any details about the location and day falls took place. This would help to identify any trends such as a certain day of the week or particular area of the home where there were increased levels of falls.

We recommend the provider seeks advice about analysing data to maximise how lessons could be learnt and where action might be taken to reduce the risk of avoidable harm.

Staffing

- There were enough staff on duty to meet people's needs Monday to Friday. However, at weekends care staff had less time to spend with people because domestic and activity staff did not work on these days. Domestic and activity staff helped with serving meals as well as cleaning and providing social engagement with people. The registered manager advised us plans were in place to change the rotas and following our visit we were sent new rotas that showed domestic and activity staff would be on duty seven days a week.
- During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. One person told us, "I am happy living here and staff are always around to help when I need them."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were less effective at weekends because there were no domestic staff on duty. While care staff cleaned bathrooms after use and cleared up spillages there was no routine cleaning of high contact surfaces. As reported under staffing above we were provided with evidence that domestic staff would be on duty seven days a week.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.