

# Tamar Healthcare Ltd

# Tamar House

## Inspection report

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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

Tamar House is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to adults, some of whom may be living with dementia. At the time of our inspection there were 18 people using the service.

Tamar House is an adapted building offering accommodation over two levels. There are various shared living areas in the home which include a lounge, a dining room and shared bathing facilities. In addition, there is a wheelchair accessible garden and patio area to the rear of the home.

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

Care plans and risk assessments were in place. Information was being reviewed and updated to ensure this was person centred and remained reflective of people's needs. Staff were familiar of people and their needs and were knowledgeable of measures in place to mitigate risk of harm and injury.

Agency staff had been utilised to address the challenges experienced by the provider in staffing. A successful recruitment drive had taken place. Systems were in place to ensure recruitment was safe. Staff received training to equip them for their role. The registered manager conducted daily walks of the home and regular checks of staff competency. This provided assurance of the staff skill, knowledge and safe delivery of care and support.

People and their relatives told us the care provided by staff reassured them and made them feel safe. A relative said, "My [family member] is absolutely safe. The staff and care is second to none. I've been in other homes, and I believe this one is the best."

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.

Quality assurance processes were in place. The registered manager analysed findings of audits and took actions to address shortfalls. An action plan was in place to support with driving continual improvement to the standard of care provided.

People, their relatives and staff found the registered manager to be approachable and were confident they would be listened to. A staff member told us, "[Registered manager] is very approachable and values everybody. They are one of the best we have had."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 11 May 2018).

#### Why we inspected

We received concerns related to the staffing and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tamar House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# 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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector, a member of CQC's medicines team and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Tamar house is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tamar House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 03 July 2023 and ended on 19 July 2023. We visited the location's service on 03 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 with 4 people and 11 relatives. We spoke with 7 staff including the registered manager, compliance manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care record and 8 medication records. We looked at 3 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments were completed and held on an electronic system accessed by staff and those who had been granted permission.
- On the day of our inspection visit, a person's care plan and risk assessment contained discrepancies relating to their skin integrity. This was discussed with the registered manager who acknowledged the discrepancy and took action to address this immediately. There had been no impact to the person due to the discrepancy.
- An 'at a glance' document was available to staff which contained an overview of a person's needs, risks and support requirements. In addition, a handover at each shift enabled staff to discuss people, changes to needs and any concerns.
- Staff we spoke with were familiar with people and measures in place to mitigate risk of harm. For example, staff told us about people who were at risks of falls and equipment including sensor mats in place. This equipment activates and alerts staff when people move.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care provided by staff made them feel safe. A person said, "I feel safe here, just the attitude of the staff makes me feel safe."
- A relative told us, "[Family member] is very safe and is well looked after. I have never felt [family member] wasn't safe, not since they have moved there."
- Staff had completed safeguarding awareness training and were knowledgeable of actions to take to protect people from the risk of harm and abuse.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff were encouraged people to make choices and decisions relating to their care, support and wellbeing.

- A relative told us, "[Family member] can have a bath or shower whenever they wish. They used to live alone and never seemed to wash or have a bath. [Family member] loves a bath now. There is not a problem with [family member] having a bath or shower now and they are always immaculately clean."
- Staff had received MCA training and were aware of how to apply this in their work. A staff member told us, "It is important to support people to make a decision and respect that they may make decisions we feel are unwise."

#### Staffing and recruitment

- Relatives told us they were aware of a high number of agency staff being used, but felt these staff knew their family members well. Comments from relatives included, "I believe they rely on agency staff to fill any gaps. I've not seen any issues and the staff respond straight away." And, "They have had a [staff] shortage but are training new staff, I do know that."
- On the day of our inspection visit, inductions were being conducted.
- A process was in place to ensure suitable staff were recruited to work in the home. This included conducting checks of employment history and completion of disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager completed a review of people's needs regularly to ensure staffing levels were appropriate in the home.

#### Using medicines safely

- Staff had been assessed as competent to give people their medicines. We saw staff gave people their medicines and followed safe procedures.
- Senior staff carried out frequent checks of medicines. Records showed that people received their oral medicines as prescribed. Medicines were being stored securely and at appropriate temperatures.
- Person-centred information and risk assessments were in place about people's medicines for staff to refer to. This enabled staff to give people their medicines consistently and appropriately. There was written guidance available to help staff give people their medicines prescribed on a when required basis (PRN).
- Staff ensured prescribers regularly reviewed people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

There were no restrictions to visiting in place, and friends and family members were encouraged to visit the home when they chose. A relative said, "I visit at different times and the staff greet me with good morning or good afternoon, would you like a tea or coffee? They're very good in taking visitors."



#### Learning lessons when things go wrong

- Staff recorded appropriately where incidents and accidents had occurred in the home.
- The registered manager reviewed and analysed information recorded to identify where improvements could be made to the standard of the service and care.
- The findings of incidents in the home were discussed with staff through meetings, supervisions and handovers and formed part of reflective learning.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt the home was well led. Comments included, "Yes, I do feel the care home is well managed. The staff call me whenever it is necessary, they send out newsletters and invitations to day events."
- A range of measures were in place to obtain feedback from people, their relatives, professionals, and staff. These included surveys, newsletters, meetings, observations and supervisions.
- Care plans were being reviewed to ensure information recorded was person centred and guided staff to provide care centred around the person, their needs, wishes and preferences.
- Staff spoken with understood the values and visions of the service. A staff member told us, "Values are regularly discussed. These include the importance of putting the people we support first and at the centre of everything we do."

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 was aware of their responsibility in reporting notifiable events to CQC and making apologies to people and their families when required.
- Families told us the registered manager and staff contacted them promptly when incidents occurred. One relative told us, "If there are any problems, they will in get touch straight away. When [family member] has fallen and they have had to call the ambulance they have called me."

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

- A quality assurance system was in place to support driving change and continual improvement to the quality and standard of care.
- An audit completed by the registered manager had identified issues within recording in care plans and daily notes which required improvement. The registered manager told us, all care plans were undergoing a review to enhance person centred information recorded. In addition, further training and support was scheduled for staff regarding completion of daily notes.
- The registered manager shared with us a review of the staff structure which had taken place and as a result of this a new role had been introduced. This role would enable an increased oversight of recording and documentation and implement prompt actions to address any shortfalls identified.

Continuous learning and improving care; Working in partnership with others

- Peoples records contained referrals made to external specialists including occupational therapists, physio therapist's and district nurses. Where advise had been provided this had been shared with staff and included within care plans.