

Karlyon Care Ltd

Tamara House

Inspection report

Thanckes Close
Torpoint
Cornwall
PL11 2RA

Tel: 01752813527

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 27 and 28 April 2016 and was unannounced. Tamara House provides accommodation for up to 26 older people who require support in their later life or are living with dementia. There were 24 people living at the service when we visited.

Accommodation is arranged over two floors, there are stairs and a lift to get to the upper floors. The home has 26 en-suite bedrooms, 25 of which have their own shower. 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.

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.

At the last inspection on 22 December 2014, we asked the provider to take action to make improvements to the accuracy of their care records and to the way they assessed and monitored the quality of the service. In addition, they did not have a registered manager in place. The provider sent us an action plan which explained how they would address the breaches of regulations. During this inspection we found these issues had been fully addressed.

People were relaxed and comfortable at the service. People told us they were happy at the service and with how their needs were being met. We observed positive and caring interactions between people and staff.

Care records were detailed and personalised to meet people's needs. People were involved as much as possible in their care planning. People's risks were monitored and managed well.

People had their medicines managed safely and received their medicines as prescribed. People were supported to maintain good health through regular access to health and social care professionals such as GPs and speech and language therapists.

People were kept safe from discrimination and abuse. Staff had undertaken training on safeguarding adults. They demonstrated a good knowledge of how to report and describe what action they would take to protect people from harm.

People had their needs met by staff who were trained and had the correct skills to carry out their roles effectively. Safe infection control practices were followed.

People were kept safe by suitable numbers of staff who had been safely recruited to their roles.

People were encouraged to live active lives. Activities were meaningful and reflected people's individual

preferences and interests.

People were supported to maintain a healthy and balanced diet. People enjoyed the meals offered and had access to drinks and snacks as they wished. People were involved in planning the menus.

There was a system in place to receive, investigate and manage complaints and people and relatives said they felt confident to raise concerns if necessary.

People spoke highly of the registered manager and said they were approachable and took an active role in running the service.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

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 were kept safe by staff who knew how to identify abuse and what action to take if they witnessed abuse.

People's care plans were clear about the risks associated with their care, which helped to keep people and staff safe.

People's medicines were managed safely.

There were suitable numbers of staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet their individual needs.

Staff had a good understanding of the Mental Capacity Act (2005) MCA and associated Deprivation of Liberty Safeguards (DoLS).

People were able to access health and medical support as it was needed.

People were supported to eat and drink and any associated risks were effectively managed.

Is the service caring?

Good ●

The service was caring.

Interactions between people and staff were kind and considerate.

People's personal information was stored securely.

People were given the opportunity to give feedback and make suggestions and these were listened to by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed documents which provided staff with the correct level of guidance and direction needed to support them.

There was a system in place to record, manage and investigate complaints.

People's health and social care needs were communicated with external agencies to make sure their needs were met.

Is the service well-led?

Good ●

The service was well led.

The provider had a registered manager in place who people spoke highly of.

There was an effective quality assurance system in place to identify concerns and ensure continuous improvement.

Relationships with external professionals were positive.

Tamara House

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.

This inspection took place on 27 and 28 April 2016 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with seven people who used the service, two relatives, the registered manager and six members of staff. People were able to communicate with us to give their views about the service. We also observed how people responded to and interacted with the staff and observed the care and support provided to people by staff. After the inspection we contacted three health care professionals who had knowledge of people living at Tamara.

We looked around the premises. We looked at five records related to people's individual care needs and four records relating to the administration of medicines. We reviewed three staff recruitment files, training records for all staff, policies and procedures and records associated with the management of the service.

Is the service safe?

Our findings

People felt safe at the service. Comments from people included; "I am safe here"; They make me feel safe"; "I feel safe, they all know what they are doing" and "I have everything I need, nice food, nice staff, I feel safe. Yes it's alright here".

People were supported by staff who knew how to identify abuse and what action to take if they witnessed abuse. Staff had undergone training in safeguarding adults and knew who to alert if they had any concerns, including which external agencies if required. The provider had safeguarding policies and procedures in place as well as information displayed in prominent places with contact details for reporting any issues.

Personal emergency evacuation Plans (PEEPS) were in place to ensure that people were kept safe in the event of a fire or other emergency. Any incidents and accidents which occurred at the service were logged and audited to identify trends and to aid service improvement.

People were supported to live safely at the service by detailed and up to date risk assessments. Where possible, people were involved in identifying their own risk and in reviewing the assessments. Risks identified were clearly linked to the care plan and directed staff on what action to take.

People were supported by suitable numbers of staff. We observed staff interacting in an unhurried way and having time to attend to people's social and emotional needs as well as their physical needs. One person said; "I feel safe because the staff are wonderful. Very, very good". At the time of the inspection the service was fully staffed. The service did not use agency staff and any cover which was required due to unforeseen events was provided by their own pool of bank staff from the provider's other services. This helped to provide people with continuity of care. One staff member said; "The staff we have here are reliable and we all cover for each other". One person told us "They can be short staffed at times, but my gosh do you still get your needs met. You might have to wait a while longer but this is explained to you and you understand why".

People's needs were assessed when deciding how many staff were required. For example, the manager audited the call bell system to see who required more support and at what times. Staffing was then adjusted as necessary. This audit also helped to identify if staff were responding to people promptly and evidenced that they were.

People were supported by staff who were safely recruited. Thorough recruitment practices were in place and records evidenced that checks were undertaken to ensure the right staff were employed in order to keep people safe. For example, disclosure and barring service checks (DBS) had been made before staff started their employment to ensure they were suitable to work with vulnerable adults.

People's medicines were administered safely by staff who had received training in medicines management. People had their medicines on time and as prescribed. Medicines were managed, stored and disposed of safely. Where refrigeration was required this was recorded and fridge temperatures fell within the correct

guidelines. Medicine administration charts (MARS) were in place and correctly completed. Regular audits were undertaken of the systems in place to manage medicines. The service kept a record of what times people had taken any medicines prescribed to be taken as required (PRN) to prevent overdose, this was an additional check to help keep people safe.

Staff followed good infection control practices. Hand washing facilities, aprons, gloves and antibacterial gel were situated in prominent places throughout the service. Staff were trained to follow infection control techniques. There were regular audits of infection control practices. There were policies and procedures in place and contracts for the disposal of domestic and clinical waste.

Is the service effective?

Our findings

Staff said they felt trained to carry out their role effectively. There was a wide range of training on offer which covered mandatory subjects such as safeguarding, moving and handling and emergency first aid as well as more specialists training to increase staff awareness on issues which related to the specific needs of those living at the service. For example staff had attended a British signing course due to one person having communication difficulties. Staff were positive about the training on offer at the service and were being supported to gain qualifications in health and social care. Comments included; "The training is pretty good", "You can do whatever training you ask for", "They are big on training here" and "I asked to do my level five [in care] which they have agreed to and I can do". There was a system in place to remind staff when their training needed to be updated or refreshed and records evidenced that staff were up to date with training. One person said "Oh Gosh, the staff are very well trained. They know exactly what they are doing".

New staff underwent a 12 week induction process which incorporated the new Care Certificate. This is a nationally recognised training course for staff who are new to care designed to create a set of standards in health and social care.

Staff were given ongoing support in their roles through regular supervision and an annual appraisal. One staff member said; "Supervision offers more support and is there to help you". Supervision was a two way process in which learning goals could be identified. One person had identified in supervision that writing care plans was a learning need and training had been arranged by the registered manager in response.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the MCA. All staff had attended training in this area. The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Records indicated that MCA assessments had been made and recorded by staff at the service. The opinions of those who lacked capacity were sought and there was access to advocacy services. Staff ensured a range of professionals and family if appropriate, were involved in discussions about care to ensure they were in the person's best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations on behalf of people to the Supervisory Body and these were awaiting authorisation.

People's records showed that their consent was obtained before care was provided and they had signed to indicate this. We also observed staff asking people's permission before undertaking tasks such as assisting them with moving or with helping them to cut up their meal.

People and staff spoke positively about the food. Comments included; "I am being well looked after and well fed. The food here is excellent" and "People here are so well looked after and they are over the moon with the cook". One person who had been receiving respite care at the service said they would come back to visit especially for the Sunday roast which they felt was exceptional.

People were involved in planning the menu through making suggestions at the resident's meetings. One person had requested pro-biotic yoghurt and prunes and these had both been added to the shopping list. One person had been feeling unwell and only wanted grapefruit for breakfast, so this had been specially purchased for them. There was a hot meal on offer each day as well as a range of alternatives for those who wanted something different. Aside from the main meals, people could have drinks and snacks throughout the day whenever they wanted. One person said "I don't enjoy puddings, so they make up some cheese and biscuits which is lovely". Another person said "I asked for a poached egg on toast and they said no problem. They literally go out of their way to cater for your very need". Special occasions were celebrated with traditional foods such as Easter eggs for Easter. There had been a recent afternoon tea with cakes, in celebration of the Queen's birthday. Cakes were baked freshly each day by the cook and sugar substitutes were used for those with diabetes so that they could still enjoy the same foods as others. One person was living with coeliac disease and there was information on display in the kitchen on the condition and what foods to avoid. This helped the cook meet the person's individual dietary needs. People were encouraged to maintain their independence with daily living tasks. For example, specialist cutlery had been provided so that people could continue to eat independently at mealtimes.

People's individual needs were met by the adaptation, design and decoration of the service for example there was signage throughout the home to help orientate people who had dementia and corridors and doorframes were widened to allow wheelchair access. The service was visibly clean and decorated to a high standard. There were displays throughout the home to provide information to people. One person was allergic to flowers so artificial ones had been purchased and put on display and there were signs to alert people not to bring flowers into shared spaces. People lived in a home that was well maintained and relevant environmental certificates were on display. There was an ongoing programme of refurbishment at the service. New projects included a purpose built cinema serving popcorn and hotdogs and an afternoon tea-room which were both almost complete and ready for people to enjoy.

People's care plans recorded evidence that they had access to a range of health and social care professionals, including GPs, district nurses, opticians and speech and language therapists. People were also supported to attend appointments as required. Where advice had been given from healthcare professionals, this was clearly documented, linked to the person's care plan and implemented. For example, one person had experienced a stroke which had meant they were at risk of choking. Their documentation clearly showed that referrals had been made to speech and language therapists and what the advice had been in terms of managing their symptoms. One external health care professional told us "They seek appropriate advice around pressure area care and contact us quickly if someone isn't well".

Is the service caring?

Our findings

People were supported by staff who were caring and passionate about their work. Comments from people included "Every one of the staff are caring and have the patience of a saint. They are wonderful"; "They cater for your needs in every department. No concerns at all, not one" and "The way staff speak to you is so caring". Comments from staff included "I love my job"; "It's the caring that I love, all the residents are lovely"; "I am proud to be a carer for the elderly", "I love my job. It has given me a totally different perspective of older people. It's brilliant". One relative said "Staff are lovely and caring. We know [...] is well looked after. They phone if there is anything we need to know".

People were happy and relaxed at the service. For example, we observed people having their lunch and saw that it was a pleasant and sociable experience. Staff spoke kindly and politely to people and brought drinks to them at their request. One person requested a serviette and this was brought to them immediately. We saw staff cutting up one person's food for them. The person said "They always cut everything up for me. I can't do it for myself, so I need them to. They are lovely". People and staff were smiling and laughing and the atmosphere was pleasant and calm. One member of staff said "The best thing the home does is create a happy atmosphere. They are happy to see us and we are happy to see them". One person said "It's like home from home".

People's privacy and dignity was protected by staff when they were helped with their personal care. Comments from staff included; "We close doors, use towels to protect people's modesty and talk to them to make them feel comfortable" and "People are given the choice of a male or female carer which is respectful". People's personal information was securely stored.

People's cultural and spiritual preferences were documented in their care plans and the local church made regular visits to the service to ensure their needs were met. One healthcare professional said "People seem happy. The staff respect individual patient's choices".

People were made to feel special. The service produced a newsletter called the "Tamara Headlines" and there was a board on display in reception which acknowledged and celebrated important events in people's lives such as achievements, milestone birthdays or anniversaries.

People who were new to the service were made to feel welcome by staff who took extra time to get to know them. Comments from staff included; "The best thing is the care we give. We are kind and respectful and really help people settle in", "It's nice to sit and have a conversation with people and get to know them more" and "What makes such a big difference in their day is having time to sit with the residents and have banter with them, have a laugh. It's why I love my job so much".

Is the service responsive?

Our findings

Prior to coming to live at the service, people's needs were fully assessed to ensure the service provided was suitable. People and their relatives were encouraged to visit the service and make sure it was the right place for them.

People were supported to maintain relationships with people who mattered to them. There were no restrictions on visiting times and people could go out with their friends and families as they wished. The registered manager confirmed that people's families and friends often had a meal when they visited and were made to feel welcome. One relative said "They are all very nice here, I have no complaints. You are always made to feel welcome. It's like home from home". One person had recently celebrated their birthday at the service and was able to invite friends and family and a party was organised.

People were able to participate in a range of activities, both at the service and out at local places of interest. The service had its own activities coordinator who listened to people's suggestions and used them to make a programme of activities which suited people's preferences. One person said "We have a resident's meeting where we can raise our thoughts. We are asked what activities we want to do the next month which is nice". We saw people and staff taking part in entertainment provided by a singer as well as playing board games. There were picture boards around the service which showed people and staff enjoying themed days, such as a Greek Day, Halloween party and celebrations for St George's Day. The renovation of an afternoon tea room was nearly completed. There were plans to have tea and cakes in the afternoons for everybody and people were going to be involved in the creation and baking of the cakes.

The service was responsive to people's needs. One staff member said "One of the things residents liked the most at home was their garden. We are looking to improve the garden here so people can go out and do a bit of gardening". The staff member also said "One person said they really missed being at home because they missed their walks out and their baking. I said she could go out with the staff any time for a walk and [the registered manager] said she could help with the baking for the afternoon teas we are going to have. It will mean she can continue to do the things that occupied her at home and make a huge difference".

Care plans were individualised and gave staff the correct level of guidance to provide personalised care. They were written using the person's preferred name and contained information about their background, history and their likes and dislikes. They were well organised and updated as the person's needs changed and this was linked to their risk assessments. Daily logs also provided detailed information about people's changing needs on a day to day basis.

There was a system in place for receiving, investigating and managing complaints. There was a policy in place which gave clear details of how people could make a complaint if they were unhappy about the service they were receiving. At the time of the inspection there were no current complaints but there was a system in place to review any complaints raised to see if learning could be applied to the service as a whole. People felt confident to raise any concerns with the registered manager and said that they felt they would be dealt with appropriately. The registered manager said they operated an open door policy to all staff, people

and relatives in which they were able to raise concerns if required. One healthcare professional said "I would feel confident to flag up any issues I had and I feel they would be appropriately dealt with".

Is the service well-led?

Our findings

Staff felt the registered manager was supportive. Comments included; "I can always go to [...]", "If I need a quiet word I can go into the office and [...] will close the door" and "[The registered manager] is very easy to talk to. You go to the office, tap on the door and [...] is there for you". One relative said "I don't have any concerns, but I know that if I did, they'd be addressed".

The registered manager was visible within the service. Staff and people felt they were approachable. One staff member said "[registered manager] is very approachable and hands on. [...] has done the job before at every level and is very experienced". One professional said of the registered manager "[...] has always been very approachable and gone out of her way to accommodate people".

Feedback was sought from people who used the service through a range of forums including resident's meetings, one to one communication, in-house suggestions boxes and quality assurance questionnaires. People were able to make suggestions and these were listened to by the registered manager. For example, an audit of minutes of the resident's meetings evidenced that people wanted more outings. As a response, a new mini-bus had just been purchased for this purpose.

There were regular staff meetings in which staff were able to make suggestions which were listened to and considered by the registered manager. One staff member said; "They are a chance to speak up. It's a time for us to make improvements and changes, and things are put in place if needed". One staff member said improvements had been made to several systems as a result of staff suggestions. This included the introduction of topical cream sheets which directed staff on which area to apply creams to and shower charts which enabled staff to be more organised. The staff member said "We can raise ideas in the meetings, but we can also mention ideas we have any time".

The registered manager engaged in external forums such as the Outstanding Manager's Network which is a meeting created to share good practice, discuss related topics and raise standards in the sector. The registered manager confirmed that this was useful for sharing best practice and new ideas for the service.

The registered manager had a number of audits in place to ensure the quality of the service. These included infection control, medication management, supervision and care plans. The audits were undertaken regularly to drive improvement within the service. The registered manager had systems in place to ensure the building and equipment were safely maintained. Utilities were checked regularly to ensure they were safe. Essential checks such as fire safety checks took place at regular intervals.

The registered manager promoted the ethos of honesty, learned from mistakes and although there were no specific examples, said they would be transparent should something go wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations. People were protected by the provider's whistle blowing policy which encouraged staff to raise concerns

about poor practice in confidence, offering protection and anonymity.