

Tamar Healthcare Ltd

Shipbourne House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 January 2017 and was unannounced.

Shipbourne House provides accommodation and care for up to 21 people, many of whom were be living with dementia. At the time of our inspection 19 people were living in the home.

A registered manager was in post. A registered manager is a person who is 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.

There were areas of the service which were not safe. The systems in place to monitor and assess environmental risks were not always effective. They did not identify areas which could pose a potential risk to people. There was exposed piping in areas of the home which was hot and some of the radiators were also hot. The building and the decoration looked tired and the carpets were stained. The kitchen was also found to be unclean. The design and décor of the service did not lend itself to a dignified environment in which to live. The registered manager had a comprehensive plan in place for the improvements within the service.

People felt safe living in the home and risks to people's health and welfare had been identified. Whilst risks to people's health had been identified, these were not always reflected in people's care plans.

Staff knew what constituted abuse and were aware of the procedures for reporting any concerns. There were also safe practices in place with regards to staff recruitment. All new staff completed an induction to their role and were further supported through training and regular supervision.

People's medicines were stored, administered and managed safely in the home and people received their medicines as prescribed.

The service operated in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the authorising body for authorisation to deprive people of their liberty in order to keep them safe.

People were supported by staff who were kind and caring. Staff knew the people they were supporting well but people were not always given choices about how they liked to be supported with their personal care. Efforts were made to involve people and their families in the planning of their care as much as possible. People's care needs were assessed and reviewed regularly. People's care plans were person centred and detailed people's preferences.

People enjoyed the food and were supported to have a sufficient amount to eat and drink. Up to date

menus were not in place to show people what the choices for that day were. Where concerns had been raised about a person's health, appropriate and timely referrals were made to relevant healthcare professionals.

Some people reported that there was a lack of activities on offer whereas others felt that there was enough to do. Staff had asked people for their feedback about this and had supported people to set up a knitting group. People's relatives and friends were welcome without restriction and people were supported to maintain relationships with those important to them.

There was an appropriate complaints procedure in place and people knew who to address their concerns to if they needed to make a complaint.

The service was well run and clear plans were in place to introduce new ways of gaining feedback from people and their relatives about the care provided by the service. Regular meetings took place for people who lived in Shipbourne House, their relatives and the staff. This gave all those involved with the service an opportunity to have a say in how the service is run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Infection control procedures were not always followed and the home was not clean.

Staff knew what constituted abuse and the procedures they would follow to raise concerns of abuse.

People's medicines were stored and managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People were able to access relevant healthcare professionals where concerns were identified.

Staff received training relevant to their role and had regular supervisions.

The service operated in accordance with the Mental Capacity Act 2005 and nobody was unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink.

Is the service caring?

Good ●

The service was caring.

People's dignity was not always upheld.

Staff spoke to people in a kind a caring manner and supported people to be as independent as possible.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always supported to access meaningful activities.

People did not get a choice about how they liked their personal hygiene needs met.

People's care and support needs were regularly reviewed and people and their relatives were involved in the care planning process as much as possible.

There was an appropriate complaints procedure in place and people felt comfortable to raise a complaint if needed.

Is the service well-led?

The service was not consistently well led.

Systems to monitor and assess the quality of service being delivered were ineffective.

The manager was approachable and open to discussion.

Regular meetings took place where people living in the home and staff could have a say about how the service was run.

Requires Improvement 

Shipbourne 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 unannounced inspection was carried out on 4 January 2017 by one inspector and an expert 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available for the registered manager to complete and we took this into account when we inspected the service and made the judgements in this report. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with four people who lived in the home, two relatives and one visitor. Some people were not able to tell us about the care they received so we made observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, who was also the provider, the deputy manager and two members of care staff.

We reviewed three people's care records and medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the registered manager.

Is the service safe?

Our findings

We found that there were some risks within the environment of the home. This included exposed hot piping and some radiators were too hot. No measures were being taken to reduce the risk of people burning themselves. The registered manager was candid about the improvements which needed to be made. They showed us an improvement plan of the whole service. This detailed timescales of when they expected improvements to be made and what improvements were still ongoing. We noted from the improvement plan that work to cover the exposed pipework and radiators would be completed by the end of January 2017.

We noted that the home was not clean, chairs in the lounges and dining room were stained and carpets were worn in places. We saw that linen bins which contained heavily soiled linen were stored on the landing for most of the day. Staff handling soiled linen did not always wear disposable aprons when handling soiled linen. This meant that steps to minimise the risk of infection to people were not always taken.

We also looked in the kitchen. We saw that the kitchen floor was dirty and there were cobwebs over the walls. The registered manager told us that a deep clean of the kitchen was taking place during the week of our inspection. There was a comprehensive cleaning schedule which detailed what should be cleaned, when and what should be used to clean with. We saw that there were gaps where staff would be expected to sign when they had completed the cleaning tasks. The registered manager said that this was an ongoing issue and they were going to speak with staff about the importance of completing their duties relating to maintaining a clean environment.

Where risks had been identified to a person's physical or emotional wellbeing, we saw that that this information was not always reflected in people's care plans and appropriate steps had always been taken to mitigate identified risks. For example, we saw that one person was at risk of developing pressure sores and their care plan stated that they should sit on a pressure relieving cushion. This would minimise the risk of a pressure sore developing. We saw that the cushion was not inflated. Therefore, the correct steps had not been taken to manage this risk. On the other hand, some people's care records contained detailed guidance to guide staff how best to manage and mitigate risks to people.

Records showed us that other risks within the home had been identified and what steps had been taken to manage these risks. We saw that annual fire, gas and electrical safety checks were carried out by external agencies. We also saw that regular servicing of moving and handling equipment and the lift was carried out. We saw people had individual personal emergency evacuation plans (PEEPS) in place. PEEPS detail what assistance a person may need in the event of an emergency, for example with evacuating a building in the event of a fire.

Staff we spoke with told us that they had received training in safeguarding adults. Training records confirmed that most staff had received training in this. They were able to tell us what signs they would look for which could indicate abuse, such as a change in someone's behaviour. Staff knew who they would contact if they suspected someone was being abused and they felt able to approach the registered manager

if they had any concerns about a person's physical or emotional welfare.

We received a variety of responses when we asked people and that staff whether they thought there were enough staff on duty to meet people's needs. One member of staff we spoke with told us, "There's not enough time to spend with people, especially in the morning." One person's relative commented, "Normally there is enough staff, they are a bit short handed. Whenever I have been here the staff see to [relative's name] needs quickly and [relative's name] always says how kind they are."

Some people we spoke with told us that there were enough staff on duty to meet their needs. One person told us, "All the time, I have never felt there isn't someone at hand. I have my bell at night, [the staff] are quick, always someone ready to come and help."

When the service was taken over some staff remained, the registered manager told us that they had managed to recruit to most of the vacancies but were still trying to recruit to one position. The manager told us that they did not use a dependency tool to calculate people's levels of dependency. They told us, "The service has historically run on three staff so we have gone by that." We looked at the staff rotas for four weeks previous to our inspection and saw that there was consistently three staff on duty.

People we spoke with told us that they felt safe living in Shipbourne House. One person told us, "I feel safe living here because the staff are friendly and you feel you belong." Another person we spoke with explained, "I feel safe here, there is always somebody on call, you can call on anybody day or night."

There were safe practices in place with regards to the recruitment of staff. We saw that the registered manager had requested appropriate references and had obtained satisfactory police checks for all new staff. This ensured that staff were suitable to provide care to the people living in the home.

People's medicines were managed safely. We looked at three people's medication administration record (MAR) charts and noted that there were no gaps on the chart where staff would sign to say they have given the person their medicine. We saw that people's medicines were audited regularly; this ensured that errors in the safe management and handling of people's medicines could be identified and remedied. In addition to this, staff we spoke with told us their competency in the safe handling of people's medicines was assessed regularly and records we looked at confirmed this.

Is the service effective?

Our findings

We observed the lunch meal being served and saw that the food was hot and was presented well. The food was already served with gravy on which meant that people were not able to add their preferred amount to their meal. There were no menus on the tables apart from an out of date one in the hallway. We saw that people could request an alternative if they did not like the meal that day. Staff offered people drinks and a hot drink was served after the meal. People's food was served quickly and the atmosphere was pleasant with music playing. We looked at the rota of the meals and the registered manager told us that the cook would consult with people about what they would like added to the menu.

People we spoke with told us that they enjoyed the food. One person told us, "The food is quite alright, if you don't want what is offered you can ask for something different, I get enough to eat." Another person explained, "The food is quite good, I have to leave some at times, I get drinks as well, [the staff] will top up my drink if I ask. I am very fond of a cup of tea and [the staff] will bring me one if I ask for it."

We saw from people's care records that their nutritional needs were assessed regularly. Where concerns were identified about a person's nutritional intake, we saw that referrals were made to the Speech and Language Therapy team (SALT). We saw that guidance from people's consultations with the SALT team was included in their care records.

People we spoke with told us that they were able to access other relevant healthcare professionals where necessary. One person we spoke with told us, ""You just ask and you can see a doctor, my family takes me to a dentist." One person's relative we spoke with told us, "[Person's name] has seen the doctor and chiropody, the staff said that they would get a dentist to see [person's name] as they had been having trouble with their top teeth." We saw from people's care records that referrals were made to relevant healthcare professionals in a timely manner.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that staff received training on the subject. Staff had a good understanding of the MCA and told us how they offered people choice. We saw that where a decision had been made for people in their best interests, the rationale for this had been

documented. Records showed steps were taken to involve the person and other relevant people to them in the decision making process.

We looked at staff training records and saw that staff received training appropriate for their role. Staff we spoke with told us that they completed an induction when they first started their new role. One member of staff told us that this involved familiarising themselves with people's care needs and the policies and procedures within the service. Staff told us that they completed courses online and attended in house training courses. Staff were also expected to complete the care certificate. The care certificate covers the minimum standards for all new care workers. Staff told us that they were further supported through regular supervisions. One member of staff told us that supervisions were useful for discussing any issues they had with their role, such as training needs.

Is the service caring?

Our findings

We saw that steps were not always taken to promote people's dignity. We looked in some people's bedrooms and saw that some of them were in need of refurbishment. The furniture was old and in one person's room the curtains were coming off the tracks. In one of the lounges we observed someone wiping their nose with toilet roll which had been placed on a table as there were no tissues available. There were also dead flowers in vases throughout the home.

We spoke with the registered manager about our concerns relating to people's bedrooms and they told us that the rooms were being decorated as they became vacant, they added that they had taken note of our concerns raised and would take action to remedy the issues. We saw that one of the vacant rooms had recently been redecorated and it looked more inviting than some of the other occupied rooms that we saw.

During the morning, we saw that staff were busy and did not have much time to spend with people. There was little interaction with people as staff were busy with supporting people with getting up. However, during the afternoon we saw that staff would spend time with people such as talking about people's interests or participating in activities.

People we spoke with told us that the staff were caring. One person we spoke with told us, "[The staff] are very caring, yes. There is such a homely feel here." Another person told us, "The staff are very caring all the time, if you have a query, they will try and answer it, like I say, they are more like friends than carers. I like to go to bed between 9 o'clock and 10 o'clock. I can suggest about going to bed and they arrange things for me, I might have to wait a little bit." One person's relative told us, "I'm really happy with the care [person's name] receives, they like being here which is the best thing." We saw that staff would always speak with people in a kind a respectful manner. We saw that one person was becoming distressed and saw that a member of staff knelt down beside them and comforted them and took time to allow the person to explain why they were upset.

We saw that people were supported to be as independent as possible. Some people had adapted crockery to enable them to eat independently. Other people used aids to help them mobilise independently. At times, we saw that staff would support people when they were walking about the home. Staff offered plenty of encouragement and were patient with people.

During our inspection visit we saw that people's relatives and friends were welcomed by staff. Relatives we spoke with told us that they felt welcomed at Shipbourne House and that staff were approachable. One person's relative we spoke with commented, "I came to sign in, staff heard my voice and told me, 'you know where the kettle is, you make yourself a cup of coffee.' I thought what a lovely thing to say."

Is the service responsive?

Our findings

When we asked people if they were supported to follow their interests we received mixed views. Some people were not always supported to follow their interests and people we spoke with told us that there were not many activities on offer for people to take part in. One person told us, "You have to kind of amuse yourself, I like reading and keeping a diary, I do watch TV." Another person commented, "I watch TV all day, we used to do painting and make things, I used to really enjoy that, but we don't do that anymore."

Other people we spoke with told us that they enjoyed the activities that were provided by the staff. One person told us, "I used to do a lot of sailing, I have been out on occasions, I had a trip on a boat. I watch TV a lot but not as a habit, I am quite happy to have a snooze. My son visits once a week. I never get bored because I am too busy sleeping." One person's relative commented, "People come in for a sing along, [Person's name] enjoys that and they watch television."

The manager informed us that they do not have an activities coordinator and the staff provide the activities for people. They also told us that staff would come in and do activities with people in their own time.

People we spoke with told us that their preferences around how they wanted to be supported with their personal hygiene were not always taken into account. Two people we spoke with told us that they were never offered a shower.

During the morning we saw that a member of staff was painting people's nails in one of the lounges. More activities took place in the afternoon. We saw that a film had been put on for people to watch and we saw staff playing a game with some people. Staff we spoke with told us that they had asked people what interests they had and how staff could support them. Staff told us that some people wanted to start a knitting club. On the day of our inspection visit we saw that a number of people were in one of the lounges knitting. There was a member of staff who was sat knitting and talking to people. The atmosphere was relaxed and cheerful.

We looked at people's care records and saw that they were person centred and were reviewed regularly. We noted that risks to people in certain areas was not always reflected in their care plans and therefore people's care plans did not reflect the most effective way of meeting their care and support needs. We did note that people's care records were person centred and detailed how they liked to be supported. One person's relative we spoke with explained to us about how staff had supported their relative to maintain a relationship with their spouse. The manager told us that they were trying to improve the care planning process by involving people's family and friends more. We spoke with one person's relative and they told us, "I've been asked loads of things about [Person's name]'s care needs."

Staff we spoke with knew the people they were supporting well. They told us that they would speak with people about their preferences and wishes. We saw that people's choices and preferences were recorded in people's care records and reviewed regularly.

People we spoke with knew who they would speak to if they wanted to raise a complaint and staff told us how they would support people to make a complaint if needed. We saw that there was an appropriate complaints procedure in place and a copy of this was displayed in the hallway of the home.

Is the service well-led?

Our findings

There were systems in place to monitor and assess the quality of service but they were not always effective. We looked at records which demonstrated that the registered manager carried out monthly audits of all aspects of the service including health and safety, infection control and people's medicines. These systems did not always identify areas which were in need of improvement, for example, infection control. Therefore, appropriate action was not always taken to address shortfalls within the service. We saw from other audits, such as the health and safety audit, that areas for improvement had been identified and actions had been taken to remedy shortfalls.

People we spoke with told us that the service was run well. One person we spoke with told us, "I would recommend the home, it is very good here." Staff we spoke with were positive about the registered manager who was also the provider. One member of staff we spoke with told us, "It's better than it was, everything has improved." In addition to this, staff we spoke with told us that morale among the staff team had improved and they felt more motivated. One member of staff we spoke with commented, "It's nice to have everyone working together again. Morale has definitely come up, anything to do with the staff has been sorted."

Staff we spoke with told us that the registered manager was supportive and approachable. One member of staff told us, "I know [registered manager] will listen to me if I have an issue, tries their best to help. I feel supported; I feel like I have a manager, they work shifts with us. That stress has been taken away from the staff." Another member of staff explained, "[Registered manager] tries to get things people need, it's nice because they're approachable."

Staff we spoke with told us that there was open and frequent communication for the registered manager and deputy manager. One member of staff told us, "We always know what's going on, communication is quite good." On the day of our inspection we saw that the registered manager was working alongside the staff and there was frequent communication between staff about people's care and support needs.

The registered manager spoke openly about the improvements that still needed to take place at Shipbourne House. They told us that they planned to implement regular surveys which would gain feedback on all aspects of the service. The registered manager showed us copies of the quality questionnaire forms that they had developed for people living in the service, people's relatives, staff and professionals. Once this is implemented, the registered manager would be able to further develop the service based on a variety of perspectives.

Statutory notifications detailing important events which providers are required to send to us by law were detailed and sent to us in a timely manner.

Staff we spoke with told us that regular staff meetings took place and they felt involved in making suggestions about how the service could be developed. We looked at the minutes of the staff meetings and saw from these records that the registered manager communicated to staff any areas for improvement with

regard to the care provided and invited staff to put forward suggestions for activities both in and outside of the home.

We also saw minutes from meetings which had taken place for people who lived in the home and their families and friends. We saw that the registered manager had held a meeting for people and their families when they took over the service. This was so they could introduce themselves and the plans they had for improving the service and answer any queries people had about the changes.