

Karlyon Care Ltd

Tamara House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

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 24 people living in the service.

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

We had received information of concern that there were not always sufficient staff on duty on every shift. The service had been suffering from the challenges being felt across the sector, with difficulty recruiting new staff. We found there had been shifts when there had been only two staff on duty due to short notice sickness absence. The provider assured us, and staff confirmed, that during such occurrences a third staff member was bought in to support the shift as soon as possible.

Staff told us, "I like working here. Yes, there have been difficult times and still is with staffing but we sort of support each other," "It's OK but we are really short staff sometimes" and "It has been disruptive when the previous manager left. I hope the new manager is a good one."

There had been many changes to the management team, with the manager leaving recently, then the acting manager leaving a few days after this inspection. There was no registered manager in post at the time of this inspection. The provider advised us that a new manager was due to join the service in February 2022. The administrator was providing some oversight of the service during this period and was present in the service during the week.

The providers and registered manager of a sister home had all been abroad on holiday together prior to this inspection. They were awaiting confirmation of negative PCR tests and were unable to physically attend the service to provide support. We spoke with them throughout this inspection via a video conference.

People told us they were happy with the care they received and believed the service was safe. Comments included, "Yes they come whenever I need them and they pop in to check I'm OK" and "I wasn't looking forward coming into a care home, but I needn't have worried. All the staff are so kind and helpful. Nothing is too much trouble."

Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

The electronic medicines system supported staff to manage medicines administration safely. Staff received

suitable training. People received their medicines on time.

We had received concerns that some areas of the service were not clean. At this inspection we found the premises were clean and well maintained.

We received concerns that people were not always given a choice about when they got up or went to bed. We checked this with some people and staff. Staff comments included, "Nobody gets up or goes to bed if they don't want to. I know we are short staffed at times, but it really is run for the residents. Some like to get up earlier and go to bed earlier but it's their choice." and "There are a few residents who like to get up around 6am. A few regulars that like to go up around 6pm to their rooms. Staffing levels have not decreased choice in this respect."

People had access to equipment where needed. However, one person was awaiting a specialised hoist to support them. Pictorial signage was in place to help orientate people living with dementia to areas of the service. Red meal plates were also in use to support people's independence at meal times.

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. However, at the time of this inspection there was no cleaner on duty at the weekends. Staffing levels at weekends had been low and so staff did not always have time to ensure all high contact points and communal areas were cleaned in line with COVID-19 guidance. The provider assured us this would be addressed immediately.

Visiting was taking place in line with current government guidance.

People, their relatives and staff had not been asked for feedback on the service's performance since our last inspection in March 2021. We were assured this was planned in the near future. There was a stable staff team who knew people well and worked together to help ensure people received a good service.

People and staff told us the management team were approachable and listened when any concerns or ideas were raised.

Staff worked well with external healthcare professionals such as GP's and district nurses.

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 overall good. (Report published 11 November 2021). An inspection was carried out in March 2020 looking just at the key question of safe only and this inspection was not rated. At this inspection the rating for this service remains the same.

Why we inspected

We received concerns in relation to the management of the service, the quality of care provided and the cleanliness and safety of the environment. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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?

Good ●

The service was safe
Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-led findings below

Tamara 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 and the information we had requested when the inspection was announced. We also considered the last inspection report and looked at the Provider Information Return (PIR). This is information providers are required to send us 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 three people living at Tamara House. We looked around the premises and observed staff

interacting with people. We also spoke with six care staff, the administrator, the providers and the registered manager of a sister service.

We reviewed a range of records. This included two people's care records and a sample of medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

We reviewed this key question because we received concerns about how risks were being identified and managed in relation to staffing levels, management oversight, the times people got up and went to bed and that people were spending long periods of time sat in wheelchairs.

Staffing and recruitment

- We reviewed the staffing rotas and found there had been periods of low staffing levels on some shifts. There had been weekends where short notice sickness absence had occurred, and this had led to pressure on the service. There were sufficient numbers of staff on the day of this inspection and the following day, when we checked. The provider does not use agency staff. This meant any absence had to be covered by existing staff. There was on-call support from management via the telephone, but we were told no physical management presence had been provided. This had put pressure on all the staff and the administrator, who was managing many of the staffing issues, in the absence of a manager.
- The provider told us they had one vacant post for a carer. Staff told us, "It feels shorter than one post. I think with the manager having gone and some short notice sickness it has made it very tight" and "It has been hard, but we do our best."
- Despite the staffing challenges, we did not find any evidence of negative impact on the people living at the service due to this. Staff told us, "I like working here. Yes, there have been difficult times and still is with staffing, but we sort of support each other," "It's OK but we are really short staff sometimes" and "It has been disruptive when the previous manager left. I hope the new manager is a good one."
- People and staff all told us they felt people's needs were being met. During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Bells were heard ringing when people were requesting assistance. These were answered in a timely manner during this inspection.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Assessing risk, safety monitoring and management

- Before this inspection we received concerns about the standard of cleanliness in the kitchen, and food quality. At this inspection we visited the kitchen and spoke with the chef. We observed people having their lunch and spoke with people and staff about the meals provided. We found the kitchen to be clean and did not have any concerns about the kitchen or the quality of the food provided.
- Risks had been appropriately identified, assessed, monitored and reviewed. Staff had guidance to help them support people to reduce the risk of avoidable harm. For example, one person, who chose to move themselves independently in their wheelchair, without foot plates being fitted, had been assessed by an occupational therapist and there was clear guidance recorded for staff in their care plan regarding this risk.

- There were clear records to show, when assessed as needed, staff were directed to monitor specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls. No one was sat in a wheelchair at the time of this inspection other than for the purposes of moving from one area to another.
- When people were at risk of developing skin damage from pressure, air mattresses and cushions were in place to help protect their skin integrity. There was a system in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight. However, one person, whose care plan stated they should be weighed monthly, had not been weighed since March 2021. We were assured this would be addressed immediately to ensure their pressure relieving mattress remained set correctly for their current weight.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. A programme of redecoration was in progress. There was a full-time maintenance person in the service to address any faults.

Systems and processes to safeguard people from the risk of abuse

- We received concerns that people were not always given a choice about when they got up or went to bed. We checked this with some people and staff. Staff comments included, "Nobody gets up or goes to bed if they don't want to. I know we are short staffed at times, but it really is run for the residents. Some like to get up earlier and go to be earlier but it's their choice" and "There are a few residents who like to get up around at 6am. A few regulars that like to go up around 6pm to their rooms. Staffing levels have not decreased choice in this respect."
- People told us they felt safe in the service. People told us they were happy with the care they received and believed the service was safe. Comments included, "Yes they come whenever I need them, and they pop in to check I'm OK" and "I wasn't looking forward coming into a care home, but I needn't have worried. All the staff are so kind and helpful. Nothing is too much trouble."
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- Staff knew how to report and escalate any safeguarding concerns.

Using medicines safely

- Medicines were managed safely. An electronic medicines management system was in use by staff. People received their medicines safely and on time. The system prompted staff when and how to provide medicines to people. Staff were trained in medicines management.
- Some people were prescribed 'as required' medicines. The electronic system provided a process for the recording and administration of these medicines and detailed the circumstances in which they should be used.
- There were systems in place for the storage, ordering, administration, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly. The electronic medicines system provided regular reports to the manager's email address for monitoring purposes. This was not accessible during the inspection as the acting manager was not present. We were sent reports following the inspection.
- The service were not keeping a paper record of medicines held that required stricter controls, alongside their electronic system. This was put in place immediately it was brought to their attention. The stock held tallied with the electronic records. The provider had not identified that this was a requirement at Tamara House. We have made a recommendation in the well-led section of this report regarding this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors

had their temperature, Lateral Flow Device test result and vaccine status checked on arrival.

- 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. There were PPE stations available throughout the service. Staff were seen wearing masks, aprons and gloves appropriately during this inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning processes were robust during the week, however, at weekends there was no domestic staff cover. Staffing had been pressured recently especially at weekends and staff had not always had the time to ensure all the necessary cleaning of regularly used areas, to help ensure frequently touched areas remained clean at all times. We have been assured by the provider that this will be put in to place immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were separate communal areas on each floor which allowed for zoning to be put in to place if needed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Prior to this inspection we were told that not all incidents were recorded and reported. At this inspection we found that accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We reviewed this key question because there was no registered manager in post and we had received concerns about the staffing levels, the care provided and how risks were being monitored by management.

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

- The Provider is required to ensure there is a manager registered with the Care Quality Commission (CQC) who is in day to day control of the service. At the time of this inspection there was no registered manager in post. The provider told us they had recruited a person who planned take up this post in February 2021.
- There had been many management changes recently. The service was being supported by the provider and an administrator. The manager had recently left and the acting manager was not present at this inspection due to sickness absence and then resigned a few days later. The administrator supported this inspection and provided us with as much of the information we required as they were able to access.
- Staff and the administrator told us they were tired and had recently experienced shortages of staff on several shifts, especially at weekends. They told us that management did not work at weekends, so any required support was not available from them in person. However, they told us they could obtain verbal support over the phone from either a manager or the provider. Whilst this had been challenging for staff at weekends recently, they were positive about the team of care staff they were part of and the management team.
- Information about changes in people's care needs was communicated at staff handover meetings each shift. This information was basic, relating to their sleep at night or if they had received personal care or not. We asked staff about people's needs and they were able to tell us about them in detail. The service did not use agency staff.
- The acting manager had been carrying out regular audits of care plans, incident and accidents, medicines and other aspects of the running of the service prior to leaving. However, due to the absence of a manager, they were unable to evidence if any action had been needed, following audits. It was not possible to evidence if opportunities to improve the service had been missed.
- The providers and the registered manager of a sister home had all been abroad on holiday together prior to this inspection. They were awaiting confirmation of negative PCR tests before they were able to physically attend the service to provide support. We spoke with them throughout this inspection on a video conference platform. However, the providers were not able to provide us with information regarding the audit cycle at Tamara House or any records or evidence of their oversight and monitoring of the service. Also, as mentioned in the safe section of this report the providers had not identified that Tamara House were not

holding a paper record of medicines held that required stricter controls.

We recommend that the providers take advice from a reliable source regarding the robust oversight and monitoring of the service and the effective use of the audit cycle to ensure any issues that may be highlighted are addressed in a timely manner, and opportunities to improve the service are not missed

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated commitment to their roles and had taken on many extra shifts at short notice, to ensure people were cared for safely. They had built positive and caring relationships with people. For example, one person was very vocal and all staff knew how to approach this person and respond to their needs effectively.
- People told us they were happy living at the service and with the staff who cared for them. No one raised any concerns about the staff or the care they received.
- People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide appropriate care for people. The electronic care plan system flagged an alert if any assessments were due for review. A manager of the sister service told us, "I can see from the system they are all green. So nothing is showing as due."

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 provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting in line with government guidance.
- The provider had notified CQC of any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Whilst the providers were unable to physically support the service or this inspection, staff were able to contact them if needed. Staff felt they could raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance surveys had not been provided for people and their families to share their views and experiences since the last inspection. We were told this was planned in the near future.
- Staff meetings had been held recently to keep the staff informed and seek their views.

Continuous learning and improving care

- At our last unrated inspection in March 2021 we identified that there were no domestic staff on shift at weekends to ensure cleaning schedules required by the COVID-19 infection control guidance, were completed. We were assured and sent rota's which showed domestic staff would be on shift at weekends. At this inspection we found there were again no domestic staff on duty at weekends. We asked the provider about this who appeared to be under the impression that domestic staff were on the rota at weekends and assured us this would be addressed immediately. We were told following this inspection that a weekend cleaner was being interviewed shortly.
- We were told by the providers, on a video call, that they had appointed an operations manager, who was due to take up their post in January, along with a new manager for Tamara House in February 2022. Prior to this, they assured us that as soon as the registered manager, at a sister home, was out of COVID-19 isolation they would be temporarily working full time in Tamara House so support the service and provide a smooth handover to the new manager.

Working in partnership with others

- Staff told us they had regular support from the local district nursing team. There had been no incidence of pressure damage to people's skin that had originated from the service. Some people were being treated for breaks to their skin which had been present when they had been admitted. We were told that all wounds that required dressing were improving at the time of this inspection.
- People received support from the GP, nurses and therapists, who visited Tamara House as required.