Tamarisk Services Limited

Tamarisk

Inspection report

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Date of inspection visit:
13 June 2018

Date of publication:
06 August 2018

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 was a comprehensive inspection which took place on 13th June 2018 and was unannounced. A previous inspection carried out in May 2016 did not identify any concerns.

Tamarisk is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tamarisk accommodates people with a learning disability and some with complex needs. At the time of our inspection there were 3 people at the service.

The service also provides personal care support for a further five people living independently in the community. This inspection will focus on all eight-people receiving the regulated activity of personal care.

The premises are set in a quiet residential road on the outskirts of Greatstone. There is access to local shops including a pub, hairdressers and newsagents and the beach within walking distance. The service has three bedrooms, a wet room, lounge and kitchen and spacious rear garden.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People were protected from abuse and the service had safeguarding procedures that staff understood. Individual risk assessments provided staff with the information they needed to reduce and manage risks whilst ensuring people's individuality was respected.

There were sufficient numbers of trained staff to meet people's needs and staff rostering allowed flexibility to ensure that staff could support people's activities and appointments. Staff felt supported and received regular training and supervision. Robust staff recruitment procedures included statutory checks, induction training and mentoring by experienced staff, prior to starting work.

People received their medicines from trained staff and medicines were stored and recorded safely.

People's individual needs were met through the design of the building. The service was clean, and people were protected from cross contamination and infection. Incidents had been recorded appropriately with systems for follow up and learning in place.

People's needs had been assessed and were reviewed to reflect their choices and wishes and their support plans gave staff the information they needed to provide effective care in line with best practice and legislation.

People were supported to eat and drink to maintain a balanced diet and stay in good health and their consent was sought about day to day issues such as what they ate and drank.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Advocates were available to ensure that the provider worked in line with the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted appropriately.

People had access to routine health care with follow up referrals made to health and social care professionals as required.

People were happy and relaxed with staff and had been supported to express their views. The staff team were long standing members who knew the people well and treated them with kindness and dignity. The staff team had worked hard with other professionals to ensure that people could communicate through non-verbal means.

People had continued to receive responsive care and support that met their individual needs, took account of their choices and respected their wishes. Care plans contained 'all about me' documents that provided clear pen-portraits for each person and highlighted the body language people used to express themselves. The documents were written in a factual, respectful manner and were reviewed quarterly.

Staff encouraged people to engage in a range of activities and there were details of places they enjoyed visiting, with photographs of their daily activities and people were supported to maintain strong ties with relatives.

The service had complaints forms and a complaints procedure in place. Staff understood when people were unhappy and supported them to resolve any concerns and issues.

People's end of life wishes had been discussed and agreed with support from families.

The Registered Manager had an open-door policy and worked hard to support staff on a day to day basis. Staff told us, "I can go to the Registered Manager with anything they are a good boss." The registered provider had a range of quality monitoring processes and regularly sought the views of relatives and professionals to inform the development of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remained Good	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service remained Good	**Good**
Is the service well-led? The service remained Good	**Good**

Tamarisk

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.

We carried out a comprehensive inspection on 13th June. It was unannounced and carried out by two inspectors.

Before the inspection we had reviewed information we already held about this service. This included details from the provider on a Provider Information Return (PIR). This form gave us key information about the service, and told us what the service does well and what improvements they were planning to make.

We also looked at previous inspections and any statutory notifications sent to us (notifications are information we receive when a significant event happens, like a death or serious injury).

During the inspection we looked at a range of information including three care plans, the staff training matrix, staffing rotas, recruitment files, minutes from staff meetings, internal audits, health and safety records and staff supervision and appraisal records.

We spoke to the registered manager and three members of staff. People were unable to give us their views about the service. We have tried to represent people's 'voices' through our observations during the inspection and feedback from professionals and families.

Following the inspection, the provider sent copies of documents that we had requested including, results from quality questionnaires and a copy of the service and business plan.

Good

Is the service safe?

Our findings

People continued to be kept safe from abuse and harm by trained staff who understood their local safeguarding policies and procedures, could identify signs of abuse and clearly express their responsibility to report any concerns.

Risks to the premises had been assessed to ensure that it was safe for people and staff, living and working at the service. The registered manager confirmed that health and safety audits had been carried out and records confirmed that repairs and routine safety checks including the fire alarms and emergency lighting system had been recorded monthly and routine maintenance carried out promptly.

People had personal evacuation plans (PEEP) and 'grab files' in the office, containing essential information for use in an emergency. A PEEP sets out the specific physical and communication needs that staff will need to know to ensure safe evacuation. A business continuity plan clearly explained staff responsibilities in the event of a major incident such as a fire or flood and staff were clear about what to do in an emergency. Accidents and incidents had been recorded appropriately with clear evidence of follow up by the registered manager.

Day to day risks to people's safety such as using the garden swing, going swimming and getting sunburnt, had been identified and assessed. Staff followed support plans that identified people's needs and provided them with clear and effective guidelines. These helped staff to understand and manage any changes to the person's behaviour and keep them safe from harmful situations.

People were supported by sufficient staff to keep them safe and meet their needs. Staffing levels had been planned flexibly around people's activities and appointments with additional staff rostered to support holidays and sickness cover. Staff recruitment processes were robust and criminal record checks were made through the disclosure and barring service (DBS) to prevent unsuitable people from working with vulnerable adults.

People had continued to receive their medicines safely from trained staff when they needed them. Staff had signed to confirm that the correct dose had been given on a medication administration record (MAR) sheet. Staff could describe the changes in people's communication when they were in pain and there were protocols covering the use of 'PRN' (as required) medicines with guidelines explaining the correct PRN dosage and clear descriptions of possible side effects. Medicines were stored in a locked cabinet for security and there was evidence of regular ordering, recording and auditing.

Staff continued to keep the service clean and odour free to minimise the risk of infection and cross contamination and keep people safe. Infection control audits had been completed and staff used personal protective equipment that was ordered weekly. Health and safety guidance was displayed appropriately and household chemicals were stored safely in a locked cupboard.

Staff meeting records and incident files demonstrated that staff had learned and reflected together in

response to people's changing needs. They had made improvements to care plans and revised their working practices including, recent changes to their shift patterns to ensure that people had greater flexibility between breakfast and lunch for their morning routines.

Good

Is the service effective?

Our findings

Each person's health and wellbeing needs had been assessed and effective care plans developed in line with the principles of holistic person-centred planning and good practice, including guidance from the National Institute of Clinical Excellence (NICE). Staff told us that when one person had moved into the service they had worked with speech and language therapy to develop a 'positive interaction profile' based entirely around the person's range of emotions and communication styles.

People were supported by trained staff who responded clearly to questions about their training and confirmed that during induction, they had shadowed more experienced staff before working independently with people Staff told us that their training combined computer based courses with face to face learning.

People had been supported to maintain a varied and balanced diet. Where people could not verbalise their meal choices, staff prompted them by holding up a range of options and observing their body language for confirmation. One person required a soft food diet, so staff had developed clear guidelines that were displayed in the kitchen. People were encouraged to drink regularly, with guidelines for staff detailing the signs to look out for if people were thirsty.

Staff communicated effectively to meet people's needs. During daily handover sessions, staff reflected on any unusual incidences or changes in any person's behaviour that had taken place during the shift, so that they could ensure that their support for people's needs remained consistent.

Staff had continued to work proactively with external health professionals. People had communication passports so that hospital staff could understand how best to support them if they were admitted for treatment. People had attended annual health checks and health screening appointments and staff had supported them to attend any follow up appointments required.

The premises continued to meet people's needs. Each bedroom was personalised with different, furniture, photographs and mementos. The property had been adapted with a wet room for people with low mobility. There was easy access for people in wheelchairs and the rear garden offered a restful outdoors space.

The Mental Capacity Act 2005 (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 assisted to do so when required. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were several recent mental capacity assessments and best interests decisions recorded. Professionals and family members had been included and independent advocate support had been available if required. 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 found that appropriate DoLS applications had been submitted and authorisations were lawful. Staff demonstrated they understood how the need for consent applied to their daily work.

Good

Is the service caring?

Our findings

Staff continued to demonstrate strong, supportive relationships with people. It was clear from people's happy facial expressions that they felt relaxed with staff. One person loved to touch the staff member's faces and have their face touched in return. "It's so lovely to see X's expressions", the staff member commented affectionately. A relative told us, "Staff are kind, thoughtful and considerate, we like the way they speak and include people in conversations."

Staff had prepared detailed guidance about the different types of non-verbal communication they used when supporting people to communicate their choices. These included, mirroring the person's sounds, using objects of reference and repeating key phrases such as 'ready steady go' or 'cup of tea'.

Staff described people's non-verbal responses in detail. They recognised that changes in one person's tone of voice communicated that they were in pain and understood that when another person pushed things away they were no longer interested in them. One professional told us, "The support workers were very knowledgeable regarding the individuals and very forthcoming regarding recording their support."

Relatives were involved in people's care and they were invited to attend their annual reviews. Questionnaires were sent out and these showed that people's relatives were happy with the service their loved one had received. One relative commented, "It is nice to know that I do not need to worry about X who is well looked after by a dedicated and caring staff. They are always clean, well dressed and seem to be happy and completely relaxed."

People were treated with dignity and their privacy was respected. When staff entered people's rooms they asked for permission to do so. Staff told us that before they carried out personal care they always covered people to protect their dignity and explained what they were doing and what was going to happen.

When people required privacy, staff supported them to spend quiet time in their rooms. Before lunch, one person was supported to the privacy of their room for their medication and during the afternoon another person spent time with sensory equipment. On both occasions staff remained available and attentive to each person's needs.

Peoples human rights continued to be protected by the service. Staff ensured that each people's individuality was respected and that they had been supported to celebrate cultural and religious holidays such as Christmas and Easter.

People's confidential records were kept securely in the lockable staff office. We spoke to staff and they were clear about the need to maintain confidentiality and protect people's private information in line with their internal policies.

Good

Is the service responsive?

Our findings

People had continued to receive responsive care and support that met their individual needs, took account of their choices and respected their wishes. Care plans contained 'all about me' documents that provided clear pen-portraits for each person. The documents were written in a factual, respectful manner and were reviewed quarterly.

A visiting professional told us, "Whenever I arrive at the home all staff are always very professional and polite. I have always seen staff deliver care in a person-centred way."

Staff encouraged people to engage in a range of activities. One person's care plan contained photo snapshots of the person's life and celebrated their interests in swimming and helping to cook pizza. There were details of places they enjoyed visiting, their preferred routines and their preferences for personal care. Another person's care plan included reviews from their local day service with photographs of their daily activities at the centre.

Staff had supported people to maintain strong ties with family and described how they had supported one person to buy flowers and a card for a mother's day visit. They described how the person became excited when their family arrived for visits and a showed us a photograph in the lounge of the person surrounded by family members at a recent celebration.

People could not raise concerns or complaints verbally, but staff had developed communication passports that helped them recognise from each persons' body language, when they were unhappy or upset. This led to further investigation for example, when one person's health needs had changed, the team had worked proactively with consultants over a three-year period to investigate emerging symptoms and explore a range of treatment options.

The service had complaints forms and a complaints procedure in place. Staff told us, "We never get complaints from family, they always praise us." The complaints record confirmed that no formal complaints had been received since the last inspection.

People's end of life wishes had been discussed and agreed with support from families. One care plan gave detailed information about where the person would like to die, what sort of end of life treatment they would require and who could be contacted in an emergency. Another person's plan provided detailed instructions to ensure that the person could remain at the service to receive palliative care.

Good

Is the service well-led?

Our findings

The service had continued to be well-led by the registered manager, supported by two team leaders and support staff. 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.

The registered manager had been established with many years' experience of the service with a clear vision for providing the people with the best quality of life. Staff told us that the registered manager was approachable and the staff team felt well supported by their hands-on style of leadership. "You can call 24/7 and it doesn't matter if you make contact any time, day or night."

The registered manager encouraged the team to focus on quality and had carried out a range of internal audits including, medication spot checks, fire and safety risk assessments and maintenance reviews. The service had maintained an open and transparent culture. The registered manager sent questionnaires to professionals and relatives and they had been returned with positive feedback. One professional commented, "People were encouraged to engage and take part. Staff were very good at making sure that everyone was included and felt comfortable and happy."

Minutes from staff and team leader meetings confirmed that comments and feedback had been discussed and followed up as required. The Registered Manager encouraged team members to take ownership of their working practice by attending in-house staff accountability sessions where the standard of each staff member's allocated care tasks was evaluated by their peers and signed off once they had demonstrated the required level of competency.

The registered manager encouraged the team to be empowered through continuous professional development and had joined Skills for Care to access further training and development opportunities. Skills for Care is an independent registered charity working with adult social care employers to set standards and qualifications for people working in social care.

The service had a business plan that clearly detailed the Registered Manager's objectives for sustainable development during the following year. The staff team had worked proactively with other services including the local authority learning disability team and speech and language therapy.

The registered manager had joined the local registered manager's forum to build up a wider network of professional contacts and ensure that the service received professional information updates and stayed connected to the latest changes in legislation and policy.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. During the inspection the rating had been clearly displayed.