

Mrs M Y and Mr Mark Beaumont

Tamar House Nursing Home

Inspection report

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Date of inspection visit:
21 February 2022

Date of publication:
11 April 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tamar House Nursing Home is a residential care home providing personal and nursing care to up to 21 people. The service provides support to older people who are living with dementia or have a physical disability. At the time of our inspection there were 17 people using the service.

The home is on two floors, with access to the upper floors via a passenger lift. There are shared bathrooms, shower facilities and toilets. Communal areas include a lounge, dining room and outside patio area.

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

Staff had not always been recruited safely. Not all staff had completed or updated necessary training relevant to their role.

Staff were not deployed effectively to make sure all tasks were completed to a high standard. The service was not cleaned or maintained to a high standard.

Staff did not always ensure people were in a position that enabled them to eat safely and comfortably. Staff supported people who needed physical assistance to eat but were not available to offer encouragement, assistance or help to people who could eat independently but would benefit from staff checking on their position and checking they liked the food.

The provider had not taken sufficient action to ensure all aspects of the service were of high quality.

Staff and the manager understood how to recognise and report safeguarding concerns.

People's records had been reviewed and were being updated. Where appropriate relevant charts were completed by staff to monitor people's health. People's medicines were managed and stored safely.

Risks relating to people's health and the environment had been assessed and control measures recorded.

People were given choice about what they wanted to eat and drink and said they liked the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager had completed checks and audits of the service and completed an action plan to improve certain aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was good (published 22 November 2018).

Why we inspected

We received concerns in relation to infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tamar House Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the running of the service, infection control, recruitment and deployment of staff and staff practice at mealtimes. We also made a recommendation about the premises.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tamar House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors carried out this inspection.

Service and service type

Tamar House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tamar House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A new manager had been in place for six weeks before the inspection. They were not yet registered with the Care Quality Commission. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and six staff including an agency nurse, care staff, the cook and the manager. We looked at two people's care records and medicines records, as well as records relating to the management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff recruitment records. We spoke with one professional and four relatives.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not assured themselves that staff they recruited were suitable to work with vulnerable adults. One staff member had been recruited and started work, even though no references had been sought. Another staff member had started work, even though the provider had not received satisfactory evidence of their conduct in a similar role. A third staff member had been recruited without seeking a reference from their two previous employers. No risk assessments had been completed detailing how the provider would reduce the risks of employing staff without completing full recruitment checks.

The provider had not ensured staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have sufficient staff deployed at all times. The service had a housekeeper who carried out cleaning and laundry tasks; however, they did not work at weekends, and were taking annual leave on the week of the inspection. When there was no housekeeper to do domestic work, most of their tasks were covered by care staff, in addition to their care role. No extra staff were allocated to cover the housekeeper's annual leave, or weekends.
- The rotas for the week prior to, and the week of the inspection, showed staff had only been rota'd to complete cleaning for four full days and six half days. Staff had only been rota'd to complete laundry on five of the days. On the day of the inspection, the manager and maintenance worker had needed to vacuum, and care staff had completed cleaning and laundry as well as providing care to people. This meant they were able to allocate less time to their main roles, and cleaning was not completed to a high standard every day.
- A relative told us that their family member's clothes were clean but rarely ironed. They said they thought this was because the service was short of staff.
- The provider had assessed the service required four care staff and one nurse to support people during the day. Staff were not deployed in a way that met these staffing levels. Care staff had two breaks, (two staff at a time), before 12pm and then a third to eat their lunch; they then had a one hour break (two staff at a time). Nine people living in the service required two staff to enable them to move; however for a significant part of the day, there were only two care staff available.

The provider had not ensured staff were deployed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The cleanliness of the premises was not consistently maintained. The service was not cleaned to a high

standard, for example some carpets, walls, skirting boards and window ledges were unclean.

- The provider had developed checklists to evidence the cleaning that had been completed. These had not been consistently completed.
- Staff did not show a good understanding of infection control. Staff had left some people's clean towels on the floor outside their door, some bedding had been left on a side table in a corridor and a damp pillow left to dry on a bath chair. This exposed them to the risk of cross infection.
- A cook, three care assistants and a nurse had not completed infection control training since 2018, even though they had been caring for people through the pandemic.

The provider had not assured themselves staff were preventing the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had used government guidance to ensure people were able to receive visitors whenever possible.

Systems and processes to safeguard people from the risk of abuse

- All staff were required to complete safeguarding training; however three staff working at the service had not completed the training.
- The manager had raised a safeguarding concern about one person who was not receiving the correct level of support from external professionals. This had resulted in them getting the support they needed.
- Extra staffing had been put in place to support one person who sometimes became anxious. This helped ensure their needs were met promptly and their anxiety reduced.

Assessing risk, safety monitoring and management

- Risk assessments were in place detailing any risks relating to people's health and social care needs.
- There were arrangements in place to keep people safe in an emergency. Each person had a personal emergency evacuation plan (PEEP), in place, which described their support needs should the home need to be evacuated in an emergency.
- A fire risk assessment was in place and regular checks of fire equipment had been completed.

Using medicines safely

- Medicines were stored and managed safely.
- People's consent to take their medicines was sought; when they declined, this was recorded and communicated to relevant staff.
- The manager had completed various audits of medicines processes and had identified where improvements were needed.

From 11 November 2021 registered persons must make sure all care home workers and other professionals

visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager had discussed with staff the need to report incidents and near misses so any learning could be identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The environment had not been well maintained. Carpets were very worn and most corridors and bathrooms were in need of redecoration.

We recommend the provider review their systems and processes for ensuring the premises remain clean and well maintained.

- In one person's room, a mattress had been left on the floor which staff had to move out of the way to get around the side of the bed.
- Following the inspection we received an action plan from the provider detailing when maintenance and redecoration would be completed at the service. They told us they aimed to have most work completed by the end of September 2022.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff did not always ensure people were in a safe or comfortable position to eat. During the inspection two people were having difficulty eating because they were in bed and had not been positioned correctly. One of the people, whose food was on an overbed table had resorted to eating a stew with their hands because the table was to the side of them and they were too low down in the bed to use their knife and fork.
- Once staff had supported people who needed physical assistance to eat, they went to eat their lunch together and then took an hours break, two at a time. This meant people who did not need physical assistance but would benefit from encouragement and staff ensuring they were positioned correctly, or liked the food, received minimal support.
- Staff described people who needed support to eat as 'feeds'; this was not a respectful way to describe people.

The provider had failed to ensure staff were consistently meeting people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's preferences and needs regarding food and drink were recorded and where necessary the amount people had had to eat and drink was recorded and monitored.
- People were complimentary about the meals available and staff told us people were given choices about what they ate.

Staff support: induction, training, skills and experience

- The provider told us they had offered bonuses and awards last year as an incentive to staff to complete training; however this had not ensured staff had completed all training relevant to their role, or updated training when required.
- Only five members of staff had completed training in nutrition and hydration, only three staff had completed fire training and only four staff had completed food hygiene training. Not all staff had up to date infection control or safeguarding training.
- The only permanent nurses working in the service were the manager, a nurse who worked at night and a nurse who worked one weekend a fortnight. These nurses were not all up to date with required training.
- The manager told us when they requested an agency nurse, they stated what skills and training were required for the service. However, they did not receive written confirmation that the nurses sent to cover the shifts had these skills and training.

The provider had failed to ensure all staff had the correct qualifications, skills and experience to meet people's needs. This contributed to the breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care

- The manager and staff had contacted external professionals when necessary, to help ensure people's health needs were met.
- The manager had worked with external agencies to ensure a person who had recently been admitted to the service received the right level of care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff knew the people they cared for. They were able to describe people's needs and preferences.
- People's needs had been assessed when they moved into the service and comprehensive records created of their needs and preferences.
- The service was using a high number of agency nurses; in order to aid consistency, a comprehensive handover record was used to give clear information about people's needs, as well as updates from the last few days. An agency nurse told us this information was useful.

Supporting people to live healthier lives, access healthcare services and support

- Appropriate records of people's health were in place. This helped staff identify if someone's health was changing.
- Care staff highlighted any changes to people's health with the nurse on shift to help ensure health needs were met and a relative confirmed external professionals were contacted when necessary.
- People's records described what support they needed with their oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People had mental capacity assessments in place when they did not have the capacity to make decisions.
- Decisions made on people's behalf had been made in their best interests.
- DoLS had been applied for on behalf of people, where needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to identify or act upon the failings highlighted in the safe and effective sections of this report.
- Staff were not deployed in a way that met the staffing levels calculated by the provider.
- Tasks were not always completed to a high standard and the service had been poorly maintained.
- The provider reviewed and monitored some aspects of the service but was not clinically trained so did not have the necessary skills to oversee the nursing aspects of the service. This meant they were reliant on the manager to identify and highlight any risks or gaps in practice.
- The manager had been working at the service for six weeks and was responsible for overseeing the nurses working at the service; however, some of their clinical training was not up to date.

The provider had failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had completed audits of people's care plans and records to identify any gaps or required improvements. They told us the provider had supported them to create an action plan to help ensure changes and improvements were made.
- The manager had shared areas for improvement with staff at a team meeting.

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

- Staffing levels and the deployment of the staff team did not allow staff to focus on providing meaningful interactions with people, beyond care-based tasks. A staff member told us staff rarely got time to spend with people and relatives confirmed staff were busy which meant there was not enough company for people who were alone in their room.
- Staff told us they gave people choice about their day, for example when they wanted to get up, or have breakfast.
- People told us they were happy living in the home and liked the staff.

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

- Notifications had been submitted to the commission, as required.
- The manager was open and honest about areas of improvement in the service and when things had not worked well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager told us they spoke to people regularly but there was no system in place to regularly gather and review people's views of the service.
- Information about the service for visitors was left at the entrance to the home along with quality assurance questionnaires.
- Staff told us they were happy working at the service and that the staff team worked well together.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure staff were consistently meeting people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not assured themselves staff were preventing the spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and improve the quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had not ensured there were a suitable number of staff employed at all times. The provider had failed to ensure all staff had the correct qualifications, skills and experience to meet people's needs.