Tarry's Residential Home Limited

Tarrys Residential Home Limited

Inspection report

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Date of inspection visit:
14 March 2018
15 March 2018

Date of publication:
02 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 14 and 15 March 2018 and was unannounced.

Tarrys Residential Home 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. Tarrys accommodates 19 people in one adapted building. There were 18 people using the service at the time of our inspection.

The registered manager was also one of the registered providers. They were no longer in day to day charge of the service and had appointed a manager to fulfil this role. The registered manager intended to apply to cancel their registration and the new manager intended to apply to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 31 January 2017, we found a breach of regulation as people had not been supported to take part in activities. At this inspection we found the provider had taken effective action and people now took part in occupations and activities they enjoyed. However, the quality of other areas of the service had not been maintained and we found shortfalls in the management of medicines, complaints and informing us of significant events. Although the overall rating remained the same at 'Requires improvement' the number of key questions rated as 'Good' has decreased since the last inspection.

Medicines were not managed safely. People's medicines had been found on the floor and action had not been taken to prevent this from happening again. One person had not received their medicine when they needed it because it was out of stock and another person was not offered their medicine as prescribed by their doctor.

Although people told us they were confident to raise any concerns they had with the provider, not all complaints had not been addressed, they did not feel listened to and risks relating to the management of medicines continued. The provider had not consistently followed their complaints process.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The provider had not sent notifications about three Deprivation of Liberty Safeguards authorisations when they were required.

The provider and manager did not have oversight of the service and were not aware that the issues with medicine were on going. Checks and audits had been completed but had not identified the shortfalls we found at the inspection. The views of people, their relatives, staff and community professionals were asked

for and acted on to improve the service.

The provider had a clear vision of the quality of the service they expected, including privacy and choice. Staff shared the provider's vision but had not been supported to deliver the service to the standard the provider required. Staff felt supported by the provider, were motivated and felt appreciated. The provider was always available to provide the support and guidance staff needed. Staff worked together as a team to provide the care and support people needed.

Staff were kind and caring to people and treated them with dignity and respect. Staff told us they would be happy for their relatives to receive a service at Tarrys. Staff described to us how they supported people in private and people told us they had privacy. People were encouraged and supported to be as independent as they wanted to be. Staff had not asked people about their end of life wishes and work was planned to make sure staff had all the information they required before they needed it. People's relatives had complimented the staff on their kindness and care at the end of their relative's lives. We have made a recommendation about planning for the end of people's lives. People had been asked about their spiritual needs and were supported to attended services if they wished.

Assessments of people's needs and any risks had been completed. People had planned their care with staff and received the support they needed to meet their individual needs and preferences. People were not discriminated against. Staff knew the signs of abuse and were confident to raise any concerns they had with the manager and provider.

Accidents and incidents had been analysed and action had been taken to stop them happening again. The provider worked in partnership with local authority safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care.

Changes in people's health were identified and people were supported to see health care professionals, including GPs when they needed. People were encouraged to remain active and mobile for as long as possible. People told us they had enough to eat but the food could be 'tastier'. People were offered a balanced diet, which met their needs and preferences. Staff offered people the support they needed at mealtimes. Records in respect of each person were accurate and complete and stored securely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assumed people had capacity to make decisions and respected the decisions they made. When people needed help to make a particular decision staff helped them. The provider had assessed people's capacity to make decisions and decisions were made in people's best interests when necessary. The provider and manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

At our last inspection we have made a recommendation for the provider to review their staffing levels at the weekends. This had been completed and there were consistently enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The service was clean and staff followed infection control processes to protect people from the risk of infection. The building was well maintained and the environment had been designed to support to move

freely around the building.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall of the service.

We found breaches of six regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People were not protected from the risks of unsafe medicines management.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

There were enough staff who knew people well, to provide the care people needed.

Staff practice prevented and controlled infection.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked with people.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to eat and drink enough to help keep them as healthy as possible but some people wanted a winder variety of food.

People's needs were assessed with them and their relatives when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care and treatment people needed.

People were supported to remain healthy.

The building was designed to support people to be as independent as possible.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people and supported them if they became worried or anxious.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Not all complaints had been investigated and used to improve the service.

Some people had not been supported to plan the care they preferred at the end of their life.

People had planned their care with staff. They received their care and treatment in the way they preferred.

People participated in a variety of activities and told us they enjoyed these. Plans were in place to improve the activities people were offered.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Checks completed on the quality of the service had not identified the shortfalls we found.

CQC had not been informed of all significant events that took place at the service.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the provider. They had clear roles and responsibilities and were held accountable for their actions.

The provider and manager worked with other agencies to ensure people's needs were met.

Tarrys Residential Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 March 2018 and was unannounced.

The inspection team consisted of two inspectors 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. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at complaints we had received and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at four people's care and support records, associated risk assessments and medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider, the registered manager, the manager, seven staff, and 17 people who use the service and their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Tarrys Residential Home and were not discriminated against as everyone was treated as an individual. One person told us, "I am always safe". However, we found that people were not protected from the risks associated with medicines.

People had not been supported to take their medicines as prescribed by their doctor and there was a risk that they would not receive the maximum benefit from them. Before our inspection concerns were raised to us about tablets found on the floor on several occasions. Staff told us they had found tablets on the floor where people could pick them up. Records showed the six 'unknown' tablets which had been found at the service and returned to the pharmacy for destruction.

We would expect managers and providers to investigate all medicines errors and take action to prevent them from happening again. The provider's medicines policy in relation to medicines errors stated, 'The manager will investigate all aspects of the error, any further action and recommendation will be implemented'. We asked the manager and provider what action they had taken to investigate why tablets had been found on the floor and prevent this from happening again. They told us they had not completed an investigation but had reminded staff to check people had swallowed their medicines. This had not been effective and tablets continued to found on the floor. There had been no investigation into who the tablets were for and what ill effects this may have had. Following our inspection the provider sent us action plan to "make sure it doesn't happen again". We will check the action plan has been effective at our next inspection.

We looked at the care plans and medicines records for two people prescribed medicine to reduce anxiety. One person's medicine had been out of stock for 11 days. The medicine had been ordered but staff had not made sure it was received into the service and given to the person as their GP had prescribed. Staff told us and records confirmed that the person had been anxious and unsettled at times. The manager took action during our inspection to obtain and administer the person's medicine as prescribed by their doctor.

Another person was prescribed medicine before staff supported them to get washed and dressed to reduce their anxiety about this. The manager had changed the time the person was washed and dressed in the morning at the person's request but had not changed the time they were offered their medicine. Records showed that on several occasions the person had received their medicine after staff had supported them to get washed and dressed. We discussed this with the manager on the first day of our inspection and they changed the time the person was offered their medicine to make sure they received the benefit of it.

The provider had reported medicine errors to the Care Quality Commission and local authority safeguarding team in August 2017. They completed an investigation and took action, including meeting with staff and reminding them of the action to take to ensure people's medicines were in stock when they needed them. The provider had not updated their medication policy following this investigation to provide guidance to staff about the action they should take when a person's ordered medicine was not received into the service.

One person told us, "I think that they do sometimes have a bit of an issue with pills and they do not always

get given out on time and I can have to wait for a pain killer sometimes". We observed that the morning medicines round took over two hours to complete and there was a delay in some people receiving their medicine. It was the responsibility of one staff member to administer people's medicines and they were not disturbed while doing this. It was the process of the service to take each person's medicines to them from the medicines storage area and staff told us this increased the time it took them as they had to walk long distances between some people and the secure storage area. The manager told us they were reviewing the medicines administration arrangements to make sure people got their medicines promptly in the morning.

Specific procedures recommended by the Royal Pharmaceutical Society of Great Britain had been followed when medicines were received into the service. This included two staff checking the receipt of some medicines and signing to confirm they were correct. We checked the stock of four people's medicines and found they were correct. However, the stock balance recorded for one medicine was not correct. The manager corrected this during our inspection.

Most people were prescribed creams to keep their skin healthy. Staff knew what each cream was for and where it was to be applied. Guidance, including body maps, was in place for staff to follow for some people's creams, but not for everyone. Records showed that people's creams were applied as prescribed and everyone's skin was healthy.

Guidance continued to be available for staff about people's 'when required' medicines and included important information such as, the dose and how people would tell them they needed their medicine. For example, changes in people's facial expressions or behaviour.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last two inspections we found that some staff records did not contain suitable references as required. At this inspection we found that two references had been obtained for new staff but potential areas for development, such as the person not being able to 'act on their initiative' had not been followed up. The manager spoke with referees during our inspection and put a plan in place to support staff to develop. No concerns had been identified about the staff member's practice. Any gaps in staff's employment history were discussed and recorded. Checks on staff's criminal background had been completed including Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks of staff's identify had been completed.

Previously we recommended the provider review the staffing levels at weekends to ensure there were sufficient skilled and experienced staff on these shifts to meet people's needs. Staffing rotas showed consistent numbers of staff on duty and people told us there were enough staff to meet their needs and respond when they asked for assistance. People's comments included, "There are quite a good number of staff here" and "There are usually enough staff around unless there is an emergency then the rest of us have to wait". The provider kept people's needs under review and adjusted staffing levels accordingly. Staff were deployed effectively to meet people's needs during our inspection. They spent time talking with people and assisting people at their own pace. Staff told us they were not rushed.

Staff turnover remained low and people received consistent care from staff they knew. Cover for sickness and annual leave was usually provided by other members of the team. Agency staff had supported the substantive staff during an outbreak of flu at the service when some staff were on sick leave. The manager and provider were on call out of hours to provide any advice and support staff needed. The deputy manager

had recently changed role and their position was being advertised.

Risks to people had been assessed and guidance had been provided to staff about how to support people to remain as safe as possible at all times. The risk of people developing pressure ulcers had been assessed and people were supported to use special cushions and mattresses to reduce this risk. People were supported to change their positions regularly throughout the day. Risks of people falling had been assessed and action had been taken to keep people as safe as possible while supporting them to remain independent. Staff encouraged people to use equipment such as walking frames to move around safely.

Guidance was in place, and followed by staff, about how to manage risky activities people took part in, such as smoking. The guidance included risks to the person and others and how these were mitigated. One person had the capacity to manage their own cigarettes and lighter and kept them with them for safe keeping at all times. Risks had been regularly reviewed to identify any potential changes.

The provider monitored accidents and incidents using graphs for different risks such as falls. These clearly identified any patterns and action was taken to reduce the risk of further incidents. One of the providers was a physiotherapist. When people fell they reviewed people's falls assessments and took any necessary action to support them to remain as independent as possible as well as being safe, such as changing their walking aids.

People and their relatives told us they were confident to raise any concerns about their safety with staff. One person told us, "I can always tell the manager or a member of staff if I am worried at all and they are very caring and do listen to us". Staff told us the provider and manager would take action if people were at risk of abuse or being discriminated against. Staff were trained and knew how to recognise signs of abuse and followed the provider's safeguarding policy. Staff were aware of the whistle blowing policy and their ability to take concerns to outside agencies if they felt that situations were not being dealt with properly. The provider understood their responsibility to report certain incidents to both the Care Quality Commission and the local safeguarding authority and had reported incidents in line with guidance so they could be investigated.

Plans were in place and understood by staff about how to support people in an emergency. One person told us, "The staff know precisely what to do even in an emergency". Each person had a personal emergency evacuation plan (PEEP). The PEEP included important information to help staff evacuate people quickly and what equipment was needed to support people to leave safely. Staff understood the PEEPS and had been trained to use the evacuation equipment provided.

The premises were maintained to ensure people's safety. Regular checks on the environment were carried out. Fire equipment was checked to make sure it was working as required. People's bedrooms and communal areas such as bathrooms and toilets were clean and odour free. People told us the service was consistently clean. Consideration had been given to infection control when selecting the furnishing and fittings at the service. The kitchen was clean and regular cleaning schedules were followed. Staff, including the chefs had completed infection control and food hygiene training. Staff followed safe working practices to minimise the risk of the spread of infection. The provider had followed Public Heath England guidance about the management of flu in care homes and had discouraged non-essential visitors, including people's relative from visiting the service.

Requires Improvement

Is the service effective?

Our findings

When staff began working at the service they completed an induction and shadowed experienced staff to get to know their role and people and their preferences. Staff completed regular training, on topics such as mental capacity, moving people safely and fire awareness, to keep their skills and knowledge up to date. Additional training to help staff perform their roles effectively included equality and diversity. Staff's competency to complete tasks, including managing medicines had been assessed to check they had the required skills, however staff skills had not been checked following the medicine errors.

The provider included training in staff meetings. At the December 2017 meeting staff had learnt about skin tears including how they could be prevented and how staff should care for them until they were assessed and treated by a community nurse. No one at the service had a skin tear at the time of our inspection. Following our inspection the provider told us they had retrained all staff who administered medicines. We will check that this action has been effective at our next inspection.

Staff had completed dementia training and we observed them engaging people in a positive way when they were confused. One person told us their nightclothes were 'a lovely party dress'. The staff member who had supported them to get dressed that morning chatted to the person about the garden party the person thought they were going to. This reassured the person who chatted happily to the staff member about what they planned to do at the party.

Staff regularly met with the manager or provider on a one to one basis to discuss their performance and personal development. Staffs practice was also discussed at shift handover. This process had not been effective and medicine errors continued.

The provider had failed to ensure staff were suitable skilled and competent to manage medicines safely. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the food was 'acceptable' and there was enough of it but they would like more variety and 'tastier' foods, their comments included "The food is quite bland and I wouldn't say that there is a great choice" and "The food is alright, nothing special and nothing too tasty or exciting". Other people told us they had enjoyed their breakfast and lunch during our inspection. We observed that the food looked appetising and people finished their meals. People had a choice of food at mealtimes, one person was enjoying a cooked breakfast of bacon and eggs when we arrived and other people told us they preferred the toast and cereal they had chosen.

Kitchen staff knew about people's preferences and individual needs, including dietary needs and cultural preferences. We observed other people being offered food and drinks to meet their needs. Meals and drinks were prepared as people liked. One person told us, "I asked for my vegetables to be served separately and that happens". Low sugar diets were offered to people who needed them and people were offered a balanced diet. The menu was varied and included fruit and vegetables, homemade cakes and a roast lunch

on a Sunday.

Concerns were raised to us that people did not receive the support they needed at mealtimes. We observed three people being supported in the lounge, two people being supported to eat in their bedrooms and other people in the dining room at lunchtime. Everyone received the support they needed at their own pace. Staff made sure that people had finished their mouthful and waited until they were ready before offering them food or drinks. People were offered a choice of desserts. One person had two different desserts and another person was supported to eat a second helping.

We would recommend the provider seek the views of people about the food at the service.

The providers or manager met with people and their representatives to talk about people's needs and wishes before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and daily routine. This helped the provider and manager make sure staff could provide the care and support the person wanted. Information discussed at the assessment was used to write the person's care plan before they began to use the service. Staff had the information they needed to support the person in the way they preferred.

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included NHS falls assessments and malnutrition universal screening tool (MUST) assessments to identify the risk of people losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan people's care and support. A weight graph was in place for each person and these clearly showed any increase or decrease in people's weight. The provider had identified when people had lost weight and referred them to the dietician. The dietician's recommendations were followed and people had put on weight.

A handover was completed between staff on each shift to make sure staff had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off or leave. Tasks were allocated to staff at the beginning of each shift, for example, supporting people with specific needs. The staff were clear about their roles and responsibilities each day and the provider and manager held them accountable. Staff were allocated tasks and roles at the beginning of each shift and records of this were maintained so the management team could identify who had been responsible if tasks were not completed as expected. Where a shortfall had been noted this was discussed with the staff member in private and a more general discussion was had with all staff at handover so everyone was clear about their responsibilities.

Staff continued to supported people to maintain good health and to see health professionals when they needed to. Staff contacted people's doctors when they felt unwell. Their advice was recorded in people's care plans and shared with staff at shift handover. One person told us, "The doctor is called when I need one". People were supported to see health professionals and attend health care appointments. Staff or family members accompanied and stayed with people to offer them reassurance and to help the person tell their health care professional about their needs. One person's relative told us, "I always go with my loved one if they need help to go to hospital or the dentist". People had regular health care checks including eye tests.

Staff knew about preventing falls including risk factors and the positive benefits of encouraging people to keep moving. People took part in gentle exercise and were encouraged to walk around the service and grounds to maintain their mobility for as long as possible.

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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had completed MCA training and assumed people had capacity. They supported and encouraged people to make choices about all areas of their lives, including how they spent their time and what they had to eat and drink. Information was available to staff about the people's capacity to make decisions and the support they needed. Staff offered people choices in ways they preferred, such as showing them things and using words and phrases that the person used.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, the provider had arranged for decisions to be made in their best interests by people who knew them well, including staff, advocates and health care professionals.

The manager and provider were aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. Some people went out with staff or friends and family, other people went out alone. One person had the capacity to hold the code to the security locks on the internal and external doors and told us, "I get out and about when I like". The manager and provider understood their DoLS responsibilities and had made applications to the local authority when there was a risk that people were deprived of their liberty.

The building was a large converted property which had been adapted to meet people's needs. A large lift was available to assist people to get to the first floor and we observed people using this independently. Signs were used to support people to find their way around the building and we observed people moving around the building without staff support. The provider had begun to create memory boxes with people and placed them where people could see them outside of their bedrooms. Memory boxes can help people recall events and people from their past, the memories can be used to prompt conversations between people, their loved ones and staff. People had brought small items of furniture, pictures and other times into the service to make their bedroom more homely. Access to the premises, including the garden were on the same level and people moved around without restriction.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. Their comments included, "The staff are kind, they treat us quite royally and make sure we are as happy as can be", "I do witness kindness and support from the staff" and "The staff are very kind and always caring". A community psychiatric nurse from the local mental health team had fed back to the provider, 'Staff always show compassion and allow time for people who can be challenging at times'. All of the staff we spoke with told us they would be happy of their relatives to receive a service at Tarrys.

People were treated as individuals. The culture of the service was inclusive and everyone was supported to live their life in the way they wanted. Staff knew about people's diverse cultures and personal needs and preferences and supported them in the way they preferred. Staff gave people time to chat privately about their life and personal relationships if they wanted to. Staff knew who were important to people, their life history, their cultural background and their sexual orientation. People were treated as individuals and their choices and lifestyles were respected.

People told us staff gave them privacy. One person told us, "The staff always knock on my door before entering my room". Another person said, "The staff will use this screen to help with privacy". We observed a privacy screen being used when one person decided to receive treatment from a community nurse in a lounge rather than in their bedroom. A third person told us, "I do sometimes like a bit of privacy in the bathroom and the staff stand behind the screen so as not to make me feel uncomfortable". Staff described to us how they maintained people's privacy when they provided their care, including keeping people covered when helping them get washed. Personal, confidential information about people and their needs was kept safe and secure.

People told us staff treated them with dignity and respect. People were offered aprons to protect their clothes at mealtimes. At lunch time staff offered one person an apron "to protect your nice top". People were referred to by their preferred names and were relaxed in the company of each other and staff. We observed people and staff chatting and laughing together throughout the day. People told us, "I do so like a good old natter. They don't always have time to chat with me although I would say they do try when they are not too busy" and "I enjoy living here and enjoy the company of staff and friends alike". People had been asked if they had any preferences about the gender of the staff member who supported them and these were respected.

Staff worked together to support people to maintain relationships with people who were important to them, and visitors could visit freely. Only one person's relatives visited the service during our inspection. They told us that other people's relatives usually visited but were at the funeral of a person who had used the service. People's friends and families were able to join in with activities and support their relatives if the people agreed.

People were actively involved in making decisions about their care and were supported to maintain their independence. One person told us, "Staff help us to do all the things we could no longer do on our own in

our own homes". We observed one person being supported to take a basket of laundry to the laundry room. The person carried the basket and a staff member pushed their wheelchair. The person told us they were happy that staff helped them to do their laundry.

When people were worried or anxious staff reassured them. We observed staff following guidance in people's care plans about how what helped people to settle when they were anxious. Staff knew what upset or worried people and made sure people avoided these situations.

People had been asked about their cultural and spiritual beliefs and were supported to follow these, including attending church services. People confirmed they received the support they wanted, one person told us "We have communion about once a month or so and we can join in if and when we want to".

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care. Pictures of staff and activities were displayed in communal areas to help people understand what was happening at the service. The provider was working to make further improvements to make sure people had easy access to all the information they needed.

Most people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The provider had supported people to request an advocate when they needed support.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning their care with staff, and staff supported them in the way they preferred. People commented, "I would say the staff do things the way I like them done" and "The staff try to help me and do things the way I like". People had care plans which contained information for staff about their needs and the support they required. This included what people were able to do for themselves and how they preferred their support provided by staff. One person told us, "I like to have a bath not a shower and I have a lovely soak and I really enjoy my bath time".

A process was in place to receive and respond to complaints; however this was not always followed. Before our inspection we received concerns that complaints were not addressed.

We discussed complaints with the provider, during our inspection. The provider acknowledged they had not investigated and responded to all complaints as their policy required and had not used the information to mitigate risks to people. The provider had met with complainants and was investigating some concerns at the time of our inspection.

The provider had failed to investigate and take necessary and proportionate action in response to all complaints. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not planned some people's end of life care with them and their relatives before people became unwell to make sure people received the support they wanted. We would expect staff to offer people and their relatives opportunities to discuss and consider plans for the end of their life including where they would prefer to be, who they would like to look after them and their spiritual and cultural needs. The manager told us they planned to speak to people and their relatives following our inspection to make sure information and guidance was available to staff about people's preferences.

Records showed the people who had chosen to receive their end of life care at Tarrys had been supported to do so by staff and health care professionals. Arrangements had been put in place to make sure people had the pain relief they needed. People's relatives had complimented the staff on their kindness and care. Their comments included, 'Thank you for all you did for our relative' and 'Thank you so much for all your care and kindness for looking after [person's name]'.

Information about people's advanced decisions, including decisions not to be resuscitated were available to staff who shared these with people's health care professionals when necessary, such as when people went to hospital.

The provider had failed to design people's end of life care to reflect their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At out last inspection we found that people were not supported to plan and take part in activities they

enjoyed. At this inspection we found that people took part in a variety of activities and continued to be engaged in day to day household tasks.

The activities manager was working at the service during our inspection and was covering for a vacancy in the activities team. The vacancy had been advertised. The activities manager had taken part in training and was a member of a local group which supported activities staff to develop their skills and learn about new activities. An activities plan was in place and was flexible to people's needs and wishes. One person was enjoying watching the sun shine through a staff member's plastic apron. The activities manager quickly got out a small multi-coloured parachute and waved it in front of the sun light. The person smiled as they watched the parachute. Six short activities were planned each day to offer people a variety of things to do. Staff also spent time with people on a one to one basis.

The activities manager continued to chat to people about their life histories and told us people shared some very personal and sad things about their life. Conversations were always finished on a happy topic to reduce the risk of people being anxious or worried. Information about people's personal history was included in the care plans and the handover sheet and staff chatted to people about them.

People were encouraged to continue to be engaged in day to day occupations they had done all of their lives, such as preparing their breakfast and folding laundry. People enjoyed these activities which supported them to remain independent and gave them a sense of purpose. One person was folding old towels; they asked the activities manager for some scissors so they could cut of a few lose threads. They were given the scissors and staff checked to make sure they used them safely. The person cut all the treads off the towels and was very pleased with the job they had done. Other people continued to do crosswords and puzzles they enjoyed.

Staff knew people well and described to us how they supported people in the way they preferred. One person, who needed support to move, preferred to be supported by one staff member to get ready in the morning. Staff had agreed with the person that two staff would help them to move safely and then one staff member would help them get washed and dressed. The person told us they were happy with this arrangement. The person was able to brush their own teeth and staff made sure they had all the equipment they needed to do this on a table next to their chair.

Any changes to people's needs were recorded in handover records as well as people's care plans. Staff told us this helped them to catch up when they returned from leave or days off. A handover sheet was given to new or agency staff to give them basic information about people. This included things they liked to do and how they communicated the needs, as well as important information about their mobility, food and drink preferences and continence support needs.

Routines were flexible to people's daily choices. One person liked to have a lie in and have breakfast in bed on occasions and staff supported them to do this when they wanted. We observed staff offering people choices and providing the support they required. People were offered a choice of drinks throughout the day and staff checked how much milk and sugar people would like. Staff knew people's preferences and offered these to them if they were having difficulty making a choice.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 31 January 2017 we found a breach of one regulation because people were not regularly offered opportunities to take part in activities and required the provider to tell us what action they were taking to address this. We received an action plan from the provider stating that all the required action would be completed by September 2017. At this inspection we found that the improvements had been made and sustained in the area of activities. However, we found breaches of six Regulations at this inspection.

This is the third consecutive inspection that this service has been rated 'Requires improvement.' There have been breaches of Regulations at the past three inspections. The ratings for key questions, is it safe, effective, caring, responsive and well led have decreased since the last inspection. People could not be assured that sound governance procedures would ensure safe and effective care.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had not received notifications about three Deprivation of Liberty Safeguards authorisations when they were required. The manager sent these to us after the inspection.

The provider had failed to notify the Care Quality Commission of specified incidents. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Regular checks had been completed on all areas of the service, including medicines, infection control, people's meal time experiences and time taken to answer people's call bells. Effective action had been taken to address some of the shortfalls found, however some shortfalls, such as medicines being found on the floor and not given as prescribed, complaints not always resolved, continued issues with recruitment checks on new staff and a lack of end of life care plans had not been identified.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives, staff and community professionals had been asked for their feedback about their experience of the service in October and November 2017. The feedback received had been analysed and action had been taken to resolve any concerns raised. The provider had met with people and their representatives to discuss their concerns and inform them of the action they had taken to improve the person's experience of the service. One person's relative had commented, 'All members of staff have been polite and helpful. I am notified of problems as soon as there is one. I can only speak highly of your staff'.

The registered manager was also one of the registered providers but was not in day to day charge of the service. They had appointed a manager to fulfil this role, who had been working at the service for

approximately two months. The manager had experience of working in a care home and managing care services but had not managed a care home before. They were completing a level five qualification in the leadership of care services. The registered manager intended to apply to cancel their registration and the new manager intended to apply to be registered with the CQC. One person's relative told us, "I think the new manager is very promising". There was mutual respect between the provider and the manager and the provider told us they were working with the manager to empower them to lead the service. The manager told us the provider was "very supportive" and worked alongside them to help them to get to know people, staff and the provider's policies and processes. One of the providers was managing the service when we arrived to complete the inspection to support the manager to complete training off site.

Staff told us they felt supported by the provider. Two staff told us they had raised concerns with the provider as they had felt bullied by another staff member. The provider had investigated and managed the concerns in accordance with their policies. Both staff told us the issue was now resolved and if they had any concerns in the future they would be confident to take the matter directly to the provider. Staff also told us the manager was supportive and staffs' confidence to take concerns to them was increasing as staff go to know them better.

The provider continued to have a clear vision of the quality of service they required staff to provide. This included privacy, dignity, independence, choice, rights and fulfilment. Staff shared this vision however, they required additional support from the provider to deliver the service to the standard the provider required.

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the manager and provider. Staff told us they worked well as a team. The manager considered themselves part of the team and worked alongside staff to support them to provide the service as they expected. This included checking staff were providing care to the required standards by working alongside them and observing their practice. Staff understood their roles and knew what was expected of them. Staff were allocated tasks and responsibilities at the beginning of each shift and worked together to complete these.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it.

The manager was developing their skills in leading a care home service and was completing level five training in leadership. The manager had begun to develop partnerships with the local authority commissioners and community health professionals so they could ensure people's needs were identified and they received the care and treatment they needed. They had also begun to build relationships with registered managers of other local services to share knowledge and experiences and obtain support by contacting them to check staff references and booking to attend local care home provider meetings The provider worked in partnership with local authority safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care. For example, seeking guidance about ways they could work more closely with health care professionals.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance to the service and on their website.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Care Quality Commission of specified incidents.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to design people's end of life care to reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to investigated and take necessary and proportionate action in response to any failure identified by the complaint.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective

	systems to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were suitable skilled and competent to manage medicines safely.