Mrs M Y and Mr Mark Beaumont

Tamar House Nursing Home

Inspection report

175 Old Ferry Road
Saltash
Cornwall
PL12 6BN

Tel: 01752843579

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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

The inspection took place on 6 June 2016 and was unannounced.

Tamar House Nursing Home provides care and accommodation for up to 21 people. On the day of the inspection 17 people were living at the care home. Tamar House Nursing Home provides care for older people who may live with a dementia or physical difficulty. 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.

There was a registered manager in post. 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 our last inspection on 22 and 24 April 2015 we told the provider to take action to make improvements to how people's care was recorded, how the Mental Capacity Act 2005 (MCA) was implemented, and how people's consent in respect of their care was obtained. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People told us they felt safe living at the service. People were protected from avoidable and harm and abuse because staff knew what to do, if they were concerned someone was being abused or mistreated. People were protected from risks associated with their care, and the environment was assessed to ensure its safety. People told us there were enough staff to meet their individual needs. People received their medicines safely, and were supported at the end of their life to have a comfortable and dignified death.

People received care from staff who had received training and support to meet their needs. People's consent to their care had been sought and their human rights were protected by the Mental Capacity Act 2005 (MCA) and the associated deprivation of liberty safeguards (DoLS). People were supported to eat and drink enough and when concerns were identified action was taken to contact relevant health professionals. People told us they had access to their GP and staff were prompt in calling them.

People told us staff were kind and caring. Staff showed kindness towards the people they cared for. People's views were sought to ensure they were involved in decisions about their own care. People's privacy and dignity was respected.

People received individualised care, and had care plans in place to provide guidance and direction to staff about how to meet their needs. People told us they would feel confident about speaking to the registered manager if they had any complaints. People's complaints were investigated and used to make improvements to the service.

People and staff had confidence in the management and leadership of the service. The registered manager kept her own training up to date and felt supported by the provider. The registered manager was aware of her legal obligations to notify the Commission of significant events, such as expected and/or unexpected deaths. There was a culture of honesty and openness which reflected the requirements of the duty of candour.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse.

Risks associated with people's care were managed to help ensure their freedom was supported and respected.

People told us there were enough staff to meet their individual needs.

People's medicines were managed safely.

People were supported at the end of the life to have a comfortable and dignified death.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs.

People's consent to care was sought in line with legislation and guidance to help ensure their human rights were protected.

People were supported and encouraged to eat and drink enough.

People were supported to access healthcare services to help promote their ongoing health and wellbeing.

Is the service caring?

Good

The service was caring.

People liked the staff who cared and supported them.

People's views were sought to help ensure they were involved in decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received individualised care which met their needs.

People's complaints were valued and investigated to help make improvements to the service.

Is the service well-led?

Good

The service was well led.

People and staff had confidence in the manager.

There were systems in processes in place to help monitor the quality of care people received.

Tamar House Nursing Home

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 visited the home unannounced on 6 June 2016. The inspection team consisted of one inspector and a specialist nurse advisor of older people's care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

We contacted the local authority, two GP surgeries, a speech and language therapist, community health commissioners, a tissue viability nurse and Healthwatch Cornwall, to ask them for their views about the service.

During our inspection, we spoke with six people living at the home, one visitor, one nurse, three members of care staff, the laundress, the chef, the registered manager and, the registered provider.

We observed care and support in communal areas, spoke with people in private and looked at five care plans and associated care documentation. We pathway tracked five people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked at records related to medicines as well as documentation relating to the management of the service. We looked at policies and procedures, staffing rotas, training

records and quality assurance and monitoring paperwork.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and a thank you card expressed one family's gratitude by detailing, "Thank you for looking after Dad so well…It helped us greatly to know he was safe". One person told us, "There are call bells. If you want help, you press it and they are here immediately".

People were protected from avoidable harm and abuse because staff knew what action to take if they suspected someone was being abused or mistreated. Information relating to the reporting of abuse was also displayed for visitors. Staff were confident any allegations of abuse would be dealt with appropriately by the registered manager or provider.

People had risk assessments in place which helped to minimise associated risks relating to their care, and provided staff with guidance and directions about how to meet people's individual needs. For example, for one person who was at risk of falling; their risk assessment described how their reclining chair helped them to stand up from a sitting position, and we saw staff correctly followed the risk assessment as they supported the person.

People lived in an environment which had been assessed for safety, for example environmental risk assessments were in place, and the servicing of equipment, for fire, hoists and portal appliances were carried out.

People had personal emergency evacuation plans in place, to help ensure people could be supported in the correct way in the event of an emergency, such as a fire.

People told us there were enough staff to meet their needs, but did explain staff were "kept busy". Some people explained it took time for staff to answer call bells, whereas others told us staff were prompt in their response. The registered manager told us staffing levels were regularly reviewed to ensure people's needs were being met and when people's needs changed, staffing levels were altered.

People had call bells to request assistance; however there was not always a call bell in the lounge for people to use. The registered manager told us she would take immediate action to ensure staff reminded people to bring their portable call bells from their bedrooms.

People's medicines were managed safely. Nursing staff administered people's medicine and received knowledge checks to help maintain their ongoing competency. Medicines were stored safely and at the right temperature. People had care plans and records in place relating to their medicines to provide guidance and direction for staff. For example, records detailed the re-positioning of transdermal medicines (skin patches) and where topical medicines (creams) were to be applied. The registered manager monitored medicine practices within the service in line with the providers policy and procedure, helping to identify areas which required improvement to ensure prompt action was taken.

Good

Is the service effective?

Our findings

At our last inspection on 22 and 24 April 2015 we asked the provider to make improvements to how the Mental Capacity Act 2005 (MCA) was implemented, and how people's consent in respect of their care was obtained and recorded. At this inspection we found improvements had been made.

People's consent to care had been sought and recorded in their care plans and staff were heard to verbally ask people for their consent prior to supporting them.

The registered Manager understood her responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Some staff had received training in respect of the legislative frameworks and had a good understanding, whereas some staff had not. The registered manager told us she would take action to ensure all staff improved their knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People received care from staff who had received training to be able to meet their needs, such as dementia care and moving and handling. Nursing staff completed clinical training such as venepuncture and subcutaneous infusion (syringe drivers). They were also expected to demonstrate their ongoing clinical competency, in line with their professional registration with the Nursing and Midwifery Council (NMC).

New staff received an induction when they joined, introducing them to day to practices and to policies and procedures. One new member of staff told us the induction had been "Very useful". The registered manager had incorporated the care certificate into the provider's induction. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

For agency or temporary staff, the registered manager had created a different induction. An induction which was a quick reference guide. Explaining people's immediate needs, the fire evacuation plan, and important contact details, such as GP's. This helped to ensure new staff were immediately informed of important practices and processes within the service.

Staff received ongoing support, in the form of one to one supervision either by observation or by discussion. Staff were complimentary of the support they received, with one member of staff telling us "She (the

registered manager) knows all about us as people…she takes an interest in us".

People could choose where they wanted to each their lunch, with some people choosing to join others socially in the dining room, whilst others preferred to eat in their own room. People told us the meals were of a high quality and they enjoyed what was on the menu telling us, "Food is very good", "There is quite a variety", and "It's really nice, they're not skimpy with it either". People did not know what was for lunch, but they did not seem to mind. However, the registered manager told us she would look to make improvements so people were better informed.

People's nutritional and hydration needs were monitored when required, to help ensure people were eating and drinking enough. Staff were heard to prompt people during the day to drink, with one person telling us they monitored their jug of juice to see how much they drank. When there were concerns about a person, action was taken, such as contacting the person's GP or seeking nutritional guidance from professionals such as speech and language therapists (SLT). An SLT told us, their recommendations were always followed and staff took an interest. Changes to people's nutrition were communicated by nursing staff to the chef each day, to make sure their meals were prepared in the correct way.

People were supported to maintain good health by accessing health care services such as their GP, chiropodist and optician. Records for one person showed involvement from a tissue viability specialist because they had difficulties with their skin.

Good

Is the service caring?

Our findings

People told us staff were kind and caring, commenting "The staff here are very attentive…very helpful", "They are super", and "Marvellous, you can't fault them".

One person who had passed away had left a letter for staff to thank them for their kindness. The letter, which was now displayed in the home read "To the staff who looked after me. If I were still with you, this is what I'd say. Thank you for waking me to see another day. Thank you for all the good food I've been fed and the magic mattress on my bed. Thank you for washing me, dressing me and doing my hair, and for the cheeky glass of sherry…down stairs. Thank you for the time you took to listen and sing. Too much to count, but thank you for ten thousand things".

Thank you cards also showed people's appreciation they had for the staff who had cared for their loved ones, "Thank you for your care and kindness", "Thank you to all the wonderful ladies who looked after my Mother" and "A huge thank you to you all, for kindness and support through Mum's illness".

Staff interacted with people in a kind and affectionate way; staff showed respect towards people and took time to speak with them when they requested support or assistance. Staff knew people well and their families. The registered manager and provider all spoke fondly and proudly of people and people's life history.

People's history and achievements were celebrated if they wanted, for example articles in local papers had been written and photographs shared of their previous occupations, some of which had included service to the Queen.

People's families were able to visit at any time and without restriction, with one relative telling us when their loved one had been very unwell, they had stayed into the night.

People's privacy and dignity was respected, for example doors were closed when personal care was being carried out and people confirmed staff were respectful when they assisted them to wash and dress.

People's confidential information was not always protected, for example care records were not always locked away and doors were not always closed when discussions were taking place about people's needs. We informed the registered manager who told us she would address this immediately.

People's laundry was handled respectfully; and following a new system which had been put into place people's clothes, now rarely went missing. People also confirmed the laundry service worked well.

People were supported to be actively involved in decisions relating to their care and about how they chose to live their life. For example, people told us they were able to choose how they wanted to spend their day, and when they wanted to get up and go to bed.

People were supported at the end of their life to have a comfortable and dignified death. People's wishes were recorded; nursing staff had completed palliative care and subcutaneous infusion (syringe drivers) training.

Good

Is the service responsive?

Our findings

At our last inspection on 22 and 24 April 2015 we asked the provider to make improvements to how people's care was recorded. At this inspection we found improvements had been made.

People, prior to moving into the service had a pre-assessment review to establish what their needs were and to help ensure they could be met by the staff. People had care plans in place to provide guidance and direction to staff about how to meet people's individual needs. People told us they had seen a copy of their care plan with one person confirming, "They came and showed it to me". An external professional explained documentation had been an area which had required improvement in the past, but told us the staff had been keen to seek advice and get things right. People's care plans had been reviewed to ensure they were reflective of people's current care needs.

People's care plans demonstrated an individualised response to people's care, for example one person's behaviour had changed. Records showed a referral to the dementia team had been made and consideration had been given to how staff could support the person better. For example by playing classical music, offering the person a cup of tea and a piece of cake or participating in an activity, such as playing cards.

People's changing care needs through-out the day were communicated at a handover. The handover was used as an opportunity to highlight any people who may require closer monitoring or further clinical assessment. A relative told us they were kept updated about their loved one, and daily records also showed relatives had been contacted in response to events that had occurred, such as a deterioration of health.

People received care which met their needs, with one person telling us "They don't make you do anything you don't want to do" and "The care here is good". People explained if they were feeling unwell their GP would be contacted with one person commenting, "The doctor comes every Wednesday, but if it's serious they'll act on it straight away".

People were able to participate in social activities, with one person telling us "There is enough to do, I am not bored". Activities such as bingo, exercise and card playing were available, and an activities co-ordinator helped to arranged social events such as the Queen's birthday celebration. Staff, however told us people did not get opportunities to go out, for example on trips or to visit the local town, and they all felt people would enjoy this.

People whose relatives lived abroad were able to contact them using the internet. One person told us the provider came to speak with them and explained "We can make arrangements for them to see you on Skype". This meant the person had been able to see her family at Christmas time.

People told us if they had any concerns or complaints they would speak with the registered manager, commenting "She (the registered manager) is marvellous" and "She (the registered manager) would definitely do something about it". The provider had a complaints policy which was given to people, and a

copy was also displayed in the main entrance. The policy was used to help investigate and respond to complaints. Records demonstrated the policy was effective and when a complaint had been made, the policy had been followed and solutions had been found. For example, a complaint had been made about the laundry service and action had been taken to make improvements.

Good

Is the service well-led?

Our findings

People told us they were confident with the management and leadership of the service, with one person telling us, "The matron is very nice; I think she is lovely". People confirmed the registered manager was present within the service, with one person telling us she was there every day. Others however told us, they did not see her as much.

Staff confirmed the registered manager was a strong and supportive leader telling us the service was "Well run", that she dealt with problems "There and then", that confidentiality was maintained and that "She's quite strict, there is no nonsense with her". Staff also told us, the provider visited regularly and took time to speak with people and staff. Staff explained they would feel comfortable about speaking to the provider if they had any concerns.

There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice and staff told us the registered manager had acted in the past, when they had raised concerns about staff conduct. Staff told us they would not hesitate to raise concerns about staff conduct or practice, with one member of staff telling us "I am here for my residents not for anyone else".

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. For example, expected and/or unexpected deaths.

The registered manager was open and transparent when working with external professionals; they listened to advice and implemented changes as required. The registered manager had apologised to people when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The outcome and ratings given by the Commission of the provider's last inspection had been displayed in line with regulations.

The registered manager told us she felt supported by the provider. She kept her clinical knowledge up to date by attending training courses, as well as working as a nurse in her spare time, at the local hospital.

People's views and opinions were sought by questionnaires to help ensure the service met with people's expectations, with one person telling us "We have just done one". Random questionnaires were also available in the entrance hall for people to complete, and a suggestions box was in place to encourage people to share their views and come up with new ideas.

People and staff told us the environment required updating. The registered manager and provider explained some work was already underway, and there was a plan for refurbishment in place.

The registered manager had monitoring and auditing systems in place to help ensure the quality of the

service people were receiving was of a high standard. These systems helped to identify when improvements were needed to be made. The registered manager also ensured she was visible within the service, consistently observing practice ensuring it was meeting people's needs and the standards expected, in line with the providers policies and procedures.