

Abbeyfield Tamar Extra Care Societylimited (The) Tamar House

Inspection report

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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 the 3 and 4 August 2017 and was unannounced. We last inspected Tamar House on 23 and 24 July 2015 and rated the service as Good overall. Well-led was rated as Requires Improvement as we had not received all information as required in respect of incidents registered people are required to tell us about. At this inspection we found that action had been taken and improvements had been made.

We have continued to rate this service as Good.

Prior to this inspection we received concerns from an anonymous source that people's money was not being looked after safely. We found there were no concerns in respect of handling people's money. Records were kept and all money was kept in a safe with limited people accessing it. We have recommended the registered manager and provider review how to formalise the keeping of people's finances by means of a policy. This would detail how to manage people's money and what to do if there is a concern. It could also be shared with people and family members so they were clear on how money is looked after.

Twenty five people were living at Tamar House when we inspected. Tamar House provides residential care to up to 28 older people. People may be living with the early stages of dementia, mental health and/or sensory needs. All people living there at the time we inspected had a level of limitation to their physical ability. Nursing support was given by the community nursing service.

A registered manager was employed to manage the service. 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.

Why this service remained good:

People continued to receive safe, effective, caring and responsive care from staff who were knowledgeable and had the skills required to support them. Staff were competent and trained well. People had the support needed to help them have maximum choice and control of their lives in the least restrictive way possible. Policies and systems in the service supported good practice. People's wellbeing and healthcare needs were monitored by the staff and people accessed healthcare professionals when required.

People all agreed that the staff team were very caring. We observed staff being patient and kind. There was a calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support they received.

Care people received was personalised and was responsive to people's individual needs. Each person was able to make choices about their day to day lives. Any concerns or complaints were quickly acted on and

investigated. People were supported to take part in a range of activities according to their individual interests. People's faith and cultural needs were respected and met.

The service was now well led. People and staff told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

Further information is in the full report which the registered manager will be available to give you a copy of or it can be found on our website at www.cqc.org.uk.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good because the provider had notified us of all incidents in line with their legal obligations.

Tamar House

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.

The inspection took place on the 3 and 4 August 2017 and was unannounced.

The inspection team included one inspector, one specialist older person's advisor 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.

Prior to the inspection we reviewed our records which included the provider information return (PIR) which 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 had been sent that registered managers and providers have to tell us about. These are called notifications.

During the inspection, we spoke with 13 people living at the service and one relative. We reviewed the care records of seven people in full and parts of a further two people's care plans. Where we could, we spoke with the same people to check they were happy with their care. We observed how staff interacted with people in the lounge and at lunch. We reviewed the personal monies of 18 people to check it was being kept safely. We also reviewed the medicine administration records for all people at the service.

We spoke with the registered manager and seven other staff during the inspection. We reviewed three personnel records of staff. We looked at how the registered manager was ensuring staff training, supervision, appraisal and checks of their competency were up to date. We also reviewed the records kept by the registered manager and provider to ensure the quality of the service and how they kept the building and equipment safe.

Following the inspection we received one completed questionnaire from a family member.

Is the service safe?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being safe.

Prior to this inspection, we received anonymous concerns that people's money was not being managed safely. We reviewed the financial records of all 18 people who currently had money handled by the service. This was money for personal items only. We found the service managed people's personal monies very carefully, accurate records were kept and all money was accounted for. However, we found the provider did not have a policy in place to manage people's funds. This meant the detail of people's money was managed and what to do if there was a concern was not there. It was not available to share with people and family members so they were clear on how money was looked after.

People whose money was looked after by staff told us they were happy with how this was managed and said receipts were always provided. People who looked after their own money had a lockable facility for them to use.

A staff member told us, "All the residents have a lockable drawer and they keep the key. I think resident's money is safe here, I trust everybody I work with, and I have never had any concerns on that front. If they don't keep their money in their room they have an envelope that is kept in the safe and two staff sign the money in and out".

We recommend the registered manager and provider review how to formalise the keeping of people's finances by means of a policy.

People felt safe living in the service and with the staff who supported them. People were comfortable and relaxed with the staff who supported them. Relatives told us they believed their loved ones were safe living at the service.

One staff member said, "I do think people are safe. There's lots of good communication between staff and residents. We follow safeguarding procedures. If I saw anything that concerned me I would know what to do and confident something would be done. We have a whistleblowing policy on our staff room wall".

People had risk assessments completed to make sure people received safe care and to promote their independence. We found there was not a formal risk assessment tool for people whose behaviour challenges others and choking being used. People's risk of choking and behaviour was carefully assessed with other agencies being involved as necessary. The assessments were written in the care plans and staff told us how they kept people safe. The registered manager had identified those who needed a risk assessment in respect of choking and their behaviour. They started to make sure these were completed during and immediately following the inspection.

Where people had been assessed as being at high risk of falls, assessments showed the required equipment

was provided to promote people's independence and safety when moving around the home.

The registered manager made sure the environment and equipment was looked after and checked these regularly to ensure they were safe.

People received their medicines safely from staff who had completed medicine training. One person said, "All my meds are delivered on time three times per day" and a relative said, "She has always consented to her medication and it was always given regularly on time". There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There were instructions to show when these medicines should be offered to people. People's medicines were only administered in accordance with the instructions of the prescriber. A staff member said, "I think the medicines are safe here. I dispense medicines and have had a competency assessment recently".

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying each other's company. Some people preferred to stay in their room, but told us they never felt lonely as staff would come and have a conversation with them. Staff said additional staff were made available if they were needed to help people with appointments, for example hospital visits, or if someone was poorly and needed more staff time to look after them. We were told by staff and people that there had been a change of staff. A relative said, "There have always been enough staff and they never appear to have been short staffed". A staff member said, "There is a good team spirit and duties are shared to ensure standards don't drop."

The risk of abuse was reduced because there were suitable recruitment processes followed for new staff employed. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. To minimise the risk further for people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being effective. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they had plenty of training and in subjects relevant to the people who lived at the home, for example dementia care. One staff member said, "I cannot fault the training, the manager is fantastic. If you want to do something extra they will arrange it for you. I have attended an incontinence seminar and it was very useful. I have learnt how to do medication audits, health and safety audits and how to order medication". Another staff member said, "I am well supervised – I need direction. I am happy that I am appraised on a three monthly basis". New staff confirmed they were being supported to gain the Care Certificate (a nationally recognised set of skills training). One newer member of staff said, "My induction was fine; I shadowed for a week and had all the basic training. The manager is always here. I love my job and I enjoy coming to work. I have seen all the residents care files and I respond to what they want to do".

People told us, "The staff seemed to be well trained and competent", "Yes. They know how to look after me. They are all very good" and, "Yes. You feel you can rely on the staff."

People had their health monitored to make sure they were seen by healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings. The link GP held weekly surgeries at the service to enable people and staff to receive advice and support. Annual reviews, including health, end of life and medicine reviews were being completed on a rolling programme. Staff made sure they understood people's individual conditions so they could support that person. For example one newer person had been diagnosed with macular degeneration and the staff and registered manager were working to understand how this affected them. They were researching all aspects including any environmental changes that may be required. A family member said their loved ones health needs were met adding, "They can see their GP but there are regular [GP] weekly visits; [staff] are very quick in responding to their health needs and keep us informed."

People said they were able to make choices on the food offered. Menus were displayed showing at least two choices per day. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed. Meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. People told us, "You get a good choice of food" and, "The food is gorgeous". A relative said, "She lives to eat and she is given proper, balanced food".

We checked the service was working within the principles of the Mental Capacity Act 2005 (MCA) and conditions on authorisations to deprive a person of their liberty were still being met. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in

care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed in line with the MCA and DoLS as required and the providers' policy and procedures supported staffs practice. Best interests' decisions were made with family and relevant professionals. People's care plans detailed what staff had to do for people when they could not consent. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this to keep them safe. For example, a recent DoLS application had been made because one person's needs had change as their dementia had advanced. The registered manager felt the person could no longer understand the risks and required higher levels of staff to control their environment to keep them safe. This meant people's right to consent to their care and treatment were being constantly reviewed and their human rights respected.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions.

Staff continued to ensure everyone had the right to consent to their care and treatment at all times and would support people to make choices about what they wanted to do with their day. Staff were observed allowing people to have time to respond in their own time.

The building continued to be maintained to a safe standard ensuring it was accessible and suitable for people to move around regardless of their physical ability. Adequate quiet areas were available for people to sit who do not want to sit in a lounge with others. The garden was also accessible for people to walk in or sit in shade.

Is the service caring?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being caring.

The atmosphere in the service was calm and staff and people were observed interacting in a respectful, joyful and unhurried manner. Laughter was heard, but also times when staff and people were quiet with each other, completing an activity or puzzle. People were supportive of each other and chatted easily to each other. People and staff readily identified if someone was anxious and needed words of encouragement or a cup of tea.

Everyone had nothing but praise for the staff for their kindness and compassion. One person said, "We're all friends here; this is a home from home" and another, "They are all very good here, I can't complain about the staff". A third person said, "They [staff] are perfect; they are marvellous here".

People were supported to build friendships and enjoy time with each other. People greeted each other by their names in a warm manner. When people were not there they quickly asked after them and sent their best wishes. For example, a person did not come in for lunch because they were feeling unwell. The other three people on their table quickly asked after them and requested staff make sure they knew they were thinking of them.

A staff member said, "They are really well cared for; the staff go in with such a nice attitude and treat people with respect. The staff always closed the door when they are doing personal care or using the hoist. Visitors are welcomed and staff looked after families when people approached their end of their life; they give them cups of tea and keep popping in. I would have my parents here. The manager always welcomes staff and residents. It's a really nice community atmosphere. It's a very busy place, the time flies".

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. People told us they could choose the gender of staff they wanted to have personal care from and staff confirmed this was always adhered to.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone. This ensured they were involved in any discussions and decisions. Staff supporting people were observed to be interacting well.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relative's care. A relative said, "The atmosphere in here is very jovial and we are made to feel welcome" and, "we can visit any time at all".

Staff showed concern for people's wellbeing. People cared for in bed were observed to be well cared for by staff with kindness while maintaining people's dignity. The care people received was clearly documented and detailed. Staff told us they would go and see the people in bed who were in their end stages of living with dementia to ensure they knew they were not on their own. One staff member said, of supporting someone who as at the end of their life, "We make people feel comfortable and also comfort the families. We will sit all night, if necessary, with a dying resident".

The home had a number of thank you cards, comments included the following; "We wish to express our admiration and great thanks to all the staff for their commitment and dedication", "Thank you all so much for your care and kindness", "With many, many thanks for looking after so very well" and, " How do we express our thanks to you, as thank you doesn't seem enough for all you have done for Mum over the last few days...it was lovely that the residents were included as they have become her friends and it was a real family atmosphere which was perfect".

Is the service responsive?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being responsive.

People were supported by staff who were responsive to their needs and told us their individual needs were met. People had a pre-admission assessment completed before they were admitted to the service. The service made sure they had the right staff with the necessary skills and any equipment needed before a person would move in. People were welcome to stay for a short stay in what was called the "Guest Room". This could be used for holidays, respite or to test out whether they wanted to move into the home on a permanent basis. Everyone confirmed they were involved in planning their care and making sure their care plan was up to date and accurate. Some of the care plans were in process of being rewritten as part of a regular overview. The registered manager was taking the opportunity to make sure all information was on the files in line with to date guidance in respect of changes in people's conditions.

One person said of living at Tamar House, "There's everything here that I want. Sometimes I look outside and think I would like to sit outside. The doctor says I need someone with me outside. Staff tell me what my medicines are for and it rings a bell. I read the paper and sleep a lot. The staff come in and asks if there is anything I want. The foods very good. They weighed me a while ago and said it was the same. I've got no worries" and another who had lived at the service for two weeks, "I get my medicines on time and I have used this call bell that's hanging around my neck. I used it this morning. The staff here are very good, they treat me with dignity. I'm settling in OK".

People's care plans were personalised and contained information to assist staff to provide care and, in a manner that respected people's wishes. In addition to full care plans, people's history was taken from them so staff could understand how they lived their earlier years and who was important to them. There were also clear details of how the person wanted their care delivered including the smaller details of what was important to them. For those living with dementia, this meant staff had the details about the person readily available and could continue to meet their needs as they would have wanted. A staff member explained, "Person centred care means encouraging them, eye contact and talking to them how you would like to be spoken to yourself and treating them as an individual. I actively contribute to two care plans. Staff responded quickly if a resident's condition deteriorates".

Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People had key workers who were active in reviewing their care and making sure they had all they needed to live happily and safely at Tamar House. One staff member said, "We're all key workers to someone and involve them in their care plans which are reviewed monthly on a bespoke basis". The reviews would include items concerning their nutrition and hydration, but also making sure they have their chosen toiletries and treats. Staff will go shopping for people in their own time if necessary so people had what they wanted. A relative said, "My mother has a nominated carer and I am involved when reviewing her care plan".

People took part in a variety of activities. People were supported to be physically and mentally active by a dedicated member of staff and staff in general. Activities were advertised by use of pictures and words so everyone could select what they wanted to do and something was always happening. This included sitting and reminiscing together about the Second World War and their experiences; playing bingo; completing a jigsaw they had been working over time together on and, playing word games to keep their minds active. People who chose to stay in their rooms had times set aside for them to sit and chat or complete an activity in their room. People's faith and cultural needs were respected and met.

People's complaints and minor concerns were picked up and addressed quickly. A copy of the complaints procedure was available in each person's room for them and their visitors to access. People said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One person said, "I would know who to complain to if I ever needed to" and another, "The registered manager asked me to tell her directly if I am not happy. I have always been treated with respect".

Is the service well-led?

Our findings

At the last inspection we rated this section of the inspection as Requires Improvement. This was due to the provider not telling us about all the significant events as required, for example, when people had experienced a serious injury. At this inspection we looked to see if improvements had been made and we found that action had been taken.

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. The provider had charitable status and was over seen by a number of trustees.

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled improvements to take place for everyone to enjoy. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

People told us the management in the service were always approachable. They, their family, professionals and staff were asked their view of the service by monthly questionnaires. A theme was chosen each month and people then could give regular feedback. Action was always taken to address any negative comment no matter how minor the issue. A person said, "The registered manger was a person dedicated to the job" and a member of staff said, "The registered manager has her finger on the pulse together with her deputy and team leaders". A relative said, "The manager is always observing what is going on and she is at the top of her game".

The registered manager was very person centred in her approach and values and this was made important for all the staff regardless of their role. They attended the local Dignity in Care Forum and registered manager sessions organised by the local authority. They strove to keep themselves up to date and ensure they received letters and correspondence from a range of sources. For example, updates were sought from relevant support organisations such as the Alzheimer's society and Paget's disease association and the Macular Society, as people at the service were living with these conditions.

When the registered manager was not available there was an on call system between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the provider.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.

