

Tarry's Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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 31 January 2017 and was unannounced.

Tarry's Residential Home is in Herne Bay and has close public transport links. The service provides short and long term residential care for up to 19 older people who need support with their personal care. Some people are living with dementia. Accommodation is arranged over two floors and a lift is available to assist people to get to the first floor. On the day of the inspection there were 18 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was the registered provider. The day to day running of the service was managed and overseen by a manager with the support of a head of care. They were all present during the inspection.

We last inspected this service in January 2016. We found shortfalls in the service and required the provider to make improvements. The provider sent us information about actions they planned to take to make improvements. At this inspection we found that improvements had been made.

At the last inspection we recommended the provider involve people in planning activities for people with dementia. At this inspection people were not supported to maintain their hobbies and interests. People and their relatives told us there was not enough to do and that they were often bored. The provider had not ensured people's care and treatment was designed to reflect their preferences and ensure their hobbies and interests were supported. This was a breach of Regulation 9(1)(c)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection the provider had failed to assess risks to people's health and safety. At this inspection risks to people had been assessed. People said they felt safe living at the service. They were protected from harm and abuse and staff knew what to do if they suspected any incidents of abuse. Staff were confident that any concerns raised would be investigated to ensure people were kept safe. They knew how to whistle blow and take concerns to agencies outside of the service. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks. The breach in regulation found at the previous inspection had been met.

At the last inspection the provider had not taken action to make sure that people's medicines, including 'when required' (PRN) medicines and creams, were managed safely at all times. At this inspection received their medicines safely and on time. Medicines were managed, stored and disposed of in line with guidance. The management team had worked closely with their local pharmacist to address the previous shortfall around recording PRN medicines. The breach in regulation found at the previous inspection had been met.

At the last inspection the provider had failed to operate effective systems to assess people's capacity to make decisions. At this inspection staff understood how the Mental Capacity Act 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications for DoLS had been made in line with guidance. The breach in regulation found at the previous inspection had been met.

At the last inspection the provider had failed to make sure that all staff received the appropriate training and development to enable them to carry out their duties effectively. At this inspection people received effective care from staff who were trained in their roles. Staff completed regular training, had one to one meetings and appraisals to discuss their personal development. The breach in regulation found at the last inspection had been met.

The provider had recruitment and disciplinary policies and procedures; however these were not consistently followed by the management team. The registered manager agreed this was an area for improvement and told us they would audit the staff files to ensure they contained the correct information.

There were consistent numbers of staff deployed to meet people's needs. There were contingency plans to cover a shortage of staff in an emergency. However, due to comments received from people and their relatives during the inspection we have made a recommendation for the provider to review their staffing levels at the weekends.

At the last inspection the provider had failed to operate effective systems to monitor people's health needs and take all the necessary action to keep them as well as possible.

At this inspection people had access to specialist health professionals when they needed it. People's health was assessed and monitored and staff took prompt action when they noticed any changes or a decline in health. Staff worked closely with health professionals, such as community nurses and GPs, and followed any guidance given to them to ensure people received safe and effective care. The breach in regulation found at the last inspection had been met.

At the last inspection assessments of people's needs had not been completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Action had not been taken to identify changes in people's needs. At this inspection when people were thinking of moving into Tarry's Residential Home a pre-assessment was completed so the manager could check they could meet people's needs. From this information a care plan was developed to give staff the guidance they needed to look after the person in the way they preferred. The breach in regulation found at the last inspection had been met.

At the last inspection we recommended that the provider review the statement of purpose to make sure it was up to date and included information for people about the aims of the service and the level of quality they could expect. At this inspection a new statement of purpose was in place. The provider had a clear vision about the quality of service they required staff to provide which staff understood. The management team led by example and supported staff to provide the level of service they expected. Staff understood the culture and values of the service.

At the last inspection we recommended the provider review the policies and processes in operation to seek and act on feedback from relevant people, such as people who used the service and their relatives, to make sure they continually evaluated and improved the service. At this inspection the registered manager had

been working with a consultant to review and renew the policies. This was in progress. Quality surveys were used to gain feedback from people, their relatives and health professionals.

At the last inspection the provider failed to maintain an accurate, complete and contemporaneous record in respect of each person. At this inspection records about people's care and support were accurate. Care and support plans were updated as people's needs changed and were regularly reviewed to make sure they were up to date, the breach in regulation found at the last inspection had been met.

People enjoyed a choice of healthy, home-cooked, food and told us they had enough to eat and drink.

People told us they were happy living at the service and that their privacy and dignity were respected. Staff spoke with people in a patient, kind, and caring way. People were involved in the planning of their care and support and told us care was provided in the way they chose. Each person had a descriptive care plan which had been written with them and their relatives.

People knew how to complain and told us they had no complaints about the quality of service or the support they received from the staff team. The provider had a complaints policy and procedure, a copy was given to each person at the service.

People, their relatives and staff felt the service was well-led. There was effective and regular auditing and monitoring. The registered manager regularly met with people, their families and staff to encourage them to input into the day to day running of the service.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

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 consistently safe.

Recruitment processes were followed to make sure staff employed were of good character, however records were not consistently maintained. There were generally sufficient staff on each shift. However we have recommended the provider review the number of staff on weekend shifts.

People were protected from the risks of abuse and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Is the service effective?

Good 

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered choices of healthy meals. People were supported to maintain good health and were referred to health professionals when needed.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, compassion, dignity and respect. People had privacy.

Staff knew people and their relatives well.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

The service was not consistently responsive

People were not always supported to follow their interests and take part in meaningful social activities.

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences.

People and their relatives knew how to complain or raise concerns.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led

Action had not always been taken when shortfalls were identified.

People, their relatives and staff felt the service was well-led.

The management team encouraged an open and transparent culture.

People, their relatives, staff and health professionals were involved in developing the service.

Regular and effective audits were completed. Notifications had been submitted to CQC in line with guidance.

Requires Improvement 

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.

The inspection took place on 31 January 2017 and was unannounced. The inspection was carried out by an inspector 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.

The provider was not given the opportunity to complete a Provider Information Return (PIR) because we inspected the service before they received the PIR request. 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 reviewed the information included in the previous PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and talked to ten people who lived there and two relatives. Conversations took place with people in their own rooms and in communal areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff, the head of care, the manager, and the registered manager who was also the provider.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Tarry's Residential Home in January 2016 when breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection the breaches had been met, however one new breach was identified.

Is the service safe?

Our findings

People told us they felt safe living at the service. Their comments included, "Everyone has to sign in when they arrive and everyone has to sign out when they leave, a bother I know but it does make you feel safe so no stranger can wander in", "We are all safe and I can honestly say I have no concerns about anything" and "My health is not what it used to be and they [staff] do make sure that I am alright and safe wherever I am". A relative told us, "I do feel that [my loved one] is safe and well cared for. They [staff] all know what is what and what their needs and requirements are".

People told us there were generally enough staff. People said, "You know that the night staff are here every night and do come round, even though there are only two of them it does make you feel safe that they are always checking", "Usually they are good, might have to wait ten minutes sometimes but then they must all be busy somewhere" and "Usually someone will come quickly but at some times in the day it can take longer but we know someone will eventually come". A relative commented, "There are often not enough staff at weekends I notice if I am visiting on a Saturday that residents for example at lunchtime have to wait to be moved if they want the toilet and have to wait quite a while".

During the inspection staff spent time talking with people and checked they had everything they needed. Staff did not appear to be rushed. Staffing levels were monitored by the management team to make sure there were enough staff, with the right skills and experience, on each shift to meet people's needs and keep them safe. Duty rotas showed there were consistent numbers of staff throughout the day and night shifts. Staff were allocated roles and responsibilities on each shift. An on-call system provided emergency contacts for staff out of hours. We recommend the provider review the staffing levels at weekends to ensure there are sufficient skilled and experienced staff on these shifts to meet people's needs.

People said they had a choice of male or female staff to support them with personal care. One person told us, "I much prefer a girl to help me with my delicate doings it's not right having a young man. They are very nice but it's just not right so I do ask not to and they don't mind". During the inspection one person specifically asked for a female member of staff to support them to the toilet and this choice was respected.

The provider had recruitment and disciplinary policies and procedures; however these were not consistently followed by the management team. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. However, some files did not contain two written references and this had been highlighted as a shortfall at the last inspection in January 2016. Discussions held at interview were not always recorded and held on staff files. The registered manager agreed this was an area for improvement and told us they would audit the staff files to ensure they contained the correct information.

Staff files contained photographic ID, a health questionnaire and an equal opportunities monitoring form. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

At the last inspection in January 2016 the provider had failed to assess risks to people's health and safety. At this inspection risks to people had been assessed. When people had difficulty moving around the service there was guidance for staff about what people could do independently. This included what level of support people needed and any equipment, such as walking frames, they needed to help them stay as independent and safe as possible. Staff had training and guidance on how to move people safely. We observed how staff supported people to move around the service and saw that people were supported to move safely.

Risks to people's skin, such as the development of pressure areas, had been assessed. The registered manager and staff worked with other health professionals to help keep people's skin healthy. When people were at risk of developing pressure areas special equipment, including mattresses and cushions, were used to help prevent this. This equipment was checked each day to make sure it was set correctly and working properly. One person told us, "I had a very slight sore just the beginnings of one and they were onto it right away and called the nurse to sort it out. They are really good like that". The breach in regulation found at the previous inspection had been met.

At the last inspection in January 2016 the provider had not taken action to make sure that people's medicines, including 'when required' (PRN) medicines and creams, were managed safely at all times. At this inspection people told us staff supported them to have their medicines on time. People said, "I wouldn't do my own medicines. I probably am capable but it is safer for me to be given them at the same time every day when I need them so they [staff] can keep an eye on things" and "Yes medicines are always handed round on time without fail give or take a while". A relative commented, "I have only had one concern [about my loved one's medicines] but that was sorted out very quickly and efficiently and I didn't have to worry".

People received their medicines safely and on time. Medicines were managed, stored and disposed of in line with guidance. Staff were trained in how to manage medicines safely. Medicines were administered from a trolley which was clean, tidy and not over-stocked. The management team had worked closely with their local pharmacist to address the previous shortfall around recording PRN medicines. There were guidelines for staff to follow about when to give these medicines. Staff made sure people had taken their medicines before they signed the medicines record. The medicines given to people were accurately recorded. People's medicines were regularly reviewed by their doctor to make sure they were still suitable. The breach in regulation found at the previous inspection had been met.

Staff checked the temperatures of the medicines storage area to make sure medicines worked as they were meant to. Some prescription medicines had specific procedures which are required to be followed with regards to their storage, recording and administration. During the inspection we found the locked cupboard containing these medicines did not contain a thermometer and staff had not checked the temperature of the cupboard. The registered manager immediately rectified this by putting a thermometer and a chart to record the temperature results in there.

Staff knew the correct procedures to follow if they suspected abuse. They completed regular training on keeping people safe to make sure they were able to recognise the signs of abuse and how to report it. The management team knew what should be reported to the Kent local authority and / or the Care Quality Commission.

The provider had a whistle-blowing policy. Staff were reminded about this during their one to one supervision meetings. Staff told us they would take concerns to agencies outside of the service if they needed to. Staff were confident the management team would take the right action if they raised a concern.

Each person had a personal emergency evacuation plan which set out their specific physical and

communication needs, and any special equipment they needed, to ensure they could be safely evacuated from the service in an emergency. The registered manager had made contingency arrangements with other services they managed if people needed to be moved from the service in an emergency to make sure they had a safe and warm place to go to.

People told us the service was clean and tidy. A relative commented, "It is very clean and bright here, I am always impressed by how clean it is and I visit [my loved one] every day". Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Is the service effective?

Our findings

People spoke positively about staff and told us they were supportive, caring and skilled to meet their needs. People said that they were able to talk to staff about any concerns they had. People and their relatives had confidence in the staff.

At the last inspection in January 2016 the provider had failed to operate effective systems to assess people's capacity to make decisions.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection staff told us that when people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

During the inspection we saw people being supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to. When people were unable to make general day to day decisions, such as what to eat or wear, there was guidance for staff on what people's preferences were. The breach in regulation found at the previous inspection had been met.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in relation to DoLS. Applications for DoLS had been made in line with guidance.

At the last inspection in January 2016 the provider had failed to make sure that all staff received the appropriate training and development to enable them to carry out their duties effectively. At this inspection people received effective care from staff who were trained in their roles. Staff told us they completed training to keep them up to date with current best practice and this was confirmed when we checked their training certificates. Some training was completed online and other training, such as using special moving and handling equipment was face to face. Specialist training, in topics such as dementia and managing challenging behaviour, were provided to support staff in meeting people's needs effectively. A record of the

training undertaken was kept up to date by the manager and refresher training was booked as needed. The manager worked with staff each day to monitor staff competency.

Staff were supported to complete additional training to aid their personal development. For example, staff were encouraged to achieve adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard. One to one supervision meetings and annual appraisals were held and gave staff the opportunity to discuss their performance, learning and development and any support they needed. At this inspection the breach in regulation found at the last inspection had been met.

At the last inspection in January 2016 the provider had failed to operate effective systems to monitor people's health needs and take all the necessary action to keep them as well as possible.

At this inspection people had access to specialist health professionals when they needed it. Staff worked closely with health professionals, such as community nursing teams and GPs. People told us their health needs were met and that staff made their appointments for them as needed. Staff monitored people's health and took prompt action when they noticed any changes. For example, when a person had a number of falls the staff referred them to the Falls Team. Whilst waiting for an appointment they agreed with the person that they move to a downstairs room and a pressure mat was used to alert staff when the person got up and was at a risk of falling. The manager told us the number of falls reduced immediately. The breach in regulation found at the last inspection had been met.

People enjoyed a choice of healthy food and drinks. We observed people eating breakfast and lunch. The food looked appetising. People ate well and appeared to enjoy their meals. People's comments varied and included, "The food is alright, the meat is always over cooked and tasteless but then they are cooking for so many", "I do enjoy breakfast, the lunch is very good" and "Well the food is alright. I do think the evening meal is a bit early but you get used to it, it just makes the evening a bit long". A relative commented, "[My loved one] never used to eat much at home but they seem to eat much more here so they must be doing something right".

Hot and cold drinks were offered to people and their visitors throughout the day. Staff monitored people's weights to make sure their weight remained as stable as possible. When staff had a concern with a person's weight they contacted health professionals, such as dieticians, for advice. The advice staff received was followed. For example, some people had their meals fortified with full fat milk, cream, cheese and other high fat products to help them stay at a healthy weight.

Is the service caring?

Our findings

People said they were happy living at the service and that the staff were kind and caring. People said, "I really don't think we could ask for more with the staff here. They all know us by name and know what we like and don't like, that lovely girl [pointed at a member of staff] will even bring me my favourite mints" and "Oh yes they [staff] are all very caring. I know every one of them and there is not one I wouldn't ask for help". A relative told us, "The staff are brilliant I can't fault them. So completely different to where [my loved one] was before. Staff treat them like a person here"

Staff spoke with people in a kind and compassionate way. Staff knew people and their relatives well and this included people's backgrounds and their preferences. They spoke with them about people and things that were familiar and important to them. People told us staff knew how to support them and that their needs were met. People were encouraged to personalise their bedroom and many had personal effects, such as furniture, pictures, ornaments and photographs to help them feel at home.

When possible people and their relatives were involved in planning and reviewing their care. A relative commented, "[My loved one] has been here a year and they [staff] are good at reviewing the care plans". Care was centred on each person and their individual needs and preferences. Staff communicated effectively with people and each other. Written handovers were completed on each shift to update staff with any changes in people's needs.

People maintained friendships and relationships. Relative's told us they were able to visit when they wanted to and there were no restrictions. People's privacy and dignity was respected. People told us, "The girls are very good when I have a wash, I don't like it you see but they do respect my shyness and give me a bit of privacy", "Yes I do feel private in my room, I have my own belongings safely in my room and I can just feel safe, secure and private" and "I just get help into my room and simply shut the door. People will always knock before entering, that's the only privacy I need my own space with a shut door". A relative said, "[My loved one] prefers me to wash them but I don't know why as they [staff] are very careful with them and always respect their dignity whatever task they are doing".

Staff told us how they promoted people's dignity, such as, making sure doors were closed and people were covered up during personal care. When people chose to spend time in their own room staff respected their request for privacy. One person told us, "I can come and go as I want from my room, whatever time of day". Staff checked on people to make sure they had everything they needed. People's confidentiality was respected, conversations about people's care were held privately and records were stored securely.

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. People's religious and cultural needs and preferences were recorded and respected. Arrangements were made for visiting clergy so people could follow their beliefs.

There were a number of letters and 'thank you' cards in the service which had been received from relatives

when their loved ones had either move from the service or passed away. Comments included, 'Thank you giving us time to sit with [our loved one] in their last hours. We are truly grateful' and 'Thank you all from my heart for looking after [my loved one] so well. They loved living at Tarry's and thought it was their home. I know they were safe and very well cared for'.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People knew how to complain and felt comfortable to do so.

At the last inspection in January 2016 we recommended the provider involve people in planning activities for people with dementia. An activity co-ordinator manager had been appointed and worked across the four services run by the provider to oversee the activities. They had started detailed life story work with people, in conjunction with their relatives. Special equipment had been purchased, after successful trials in one of the provider's care services. This was a box, suspended from the ceiling which projected interactive light animations onto the table below. Infrared sensors detected hand movements. The game is designed for people living with moderate to severe dementia. For example, it may show images of a pile of leaves and when a person moves their hand over them the leaves move. The provider planned for this to be shared across the services but was not yet in place at Tarry's.

During the inspection there was a lively atmosphere with music playing and people singing along. People were smiling and happy. The activities co-ordinator manager encouraged people to sing and dance. However, there were no organised scheduled activities taking place and a relative commented, "The atmosphere is not usually as lively as this, usually the television is just left on and they are all asleep all day". The provider's statement of purpose noted, 'Staff encourage and in certain instances help Service User's to pursue their hobbies and interests'. However, people were not supported to maintain their hobbies and interests. One person said, "I used to like making things and a bit of drawing but they don't do that really now". There were plans for a coffee morning to be held for Valentine's day and people and their relatives were looking forward to this.

People were not always encouraged to keep occupied or involved in planning activities. One person said, "We used to have activities but we don't have any now, just the television left on". Relatives told us, "I never see any activities apart from a bit of singing along to the music but then I am not usually here in the afternoons", "[My loved one] would definitely like some more entertaining. I do feel they are just bored. It can be a bit soulless at times" and "I think the staff all know what they need to know and do what they need to do but I would like some more activities so [my loved one] doesn't just sit there dozing all day with loud music playing in their ears".

Staff recorded what people had done each day on a 'social activities' form. These were brief and did not explain in detail what people had taken part in. For example, staff notes, such as 'Enjoyed one to one', 'Watching TV in lounge' and 'Resting in bed' were listed as activities for people each day.

A recent audit had identified a shortfall with activities and the management team were working to improve this area. The provider's actions noted, 'We have a part time activity worker to provide activities for Tarry's supervised by an activity co-ordinator. Whilst it is working reasonably well, we recognise we can improve the service further. We are working with our activity co-ordinator to help Tarry's in improving the service'.

The provider had not ensured people's care and treatment was designed to reflect their preferences and ensure their hobbies and interests were supported. This was a breach of Regulation 9(1)(c)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection in January 2016 assessments of people's needs had not been completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Action had not been taken to identify changes in people's needs. Detailed guidance had not been provided to staff about how to provide the care people needed. We recommended the provider seek advice about assessing people's needs and planning their care.

At this inspection when people were thinking of moving into Tarry's Residential Home a pre-assessment was completed so the manager could check they could meet people's needs. From this information a care plan was developed to give staff the guidance they needed to look after the person in the way they preferred.

People had a care plan written with them and their relatives which centred on them, their preferences and wishes. Information that was important to people, such as, their life histories, likes and dislikes, and any preferred routines was recorded. Care plans contained information about people's health needs and risk assessments were in place and applicable for each person. Care plans included what people could do for themselves to help them maintain as much independence as possible. There was guidance, which staff followed, on what support people needed and how they preferred the support to be given. Care plans were reviewed each month or if there were changes in people's needs. Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. The breach in regulation found at the last inspection had been met.

People and their relatives told us they had no complaints or concerns about the service and knew how to complain if they needed to. One person told us they had complained once about the food and said they were listened to and said "I would not be afraid to complain again if I needed to". A relative said, "I haven't had the need to complain as [my loved one] is so well looked after. Just one slip up and that was dealt with. I would go straight to the manager or even the owner – they are approachable". The provider had a complaints policy which was displayed in the service. When a complaint was received the manager followed the policy and procedures to make sure it was dealt with correctly. Any complaints or compliments received were shared with staff and used as a learning opportunity.

Is the service well-led?

Our findings

People, their relatives and staff felt the service was well-led. People knew the staff team and management by name and said they could rely on staff to support them. A relative told us, "I spoke to the owner and the manager when I had a concern and I must say my mind was put at ease immediately". A letter from a relative noted, 'We were so fortunate to find Tarry's when we finally agreed that [our loved one] needed care. Watching their steady decline was only eased for me in the confident knowledge that they were content, comfortable and well loved by every one of you'.

The provider had recruitment and disciplinary policies and procedures; however these were not consistently followed by the management team. Some files did not contain two written references. This had been highlighted as a shortfall at the last inspection in January 2016 but did not appear to have been addressed. Discussions held at interview were not always recorded and held on staff files. The registered manager agreed this was an area for improvement.

People and their relatives raised concerns about the lack of staff at weekends and we have made a recommendation about this.

At the last inspection in January 2016 we recommended the provider involve people in planning activities for people with dementia. People told us they were bored and their relatives felt there were insufficient planned activities for people. The management team were aware of this shortfall.

At the last inspection in January 2016 we recommended that the provider review the statement of purpose to make sure it was up to date and included information for people about the aims of the service and the level of quality they could expect. At this inspection a new statement of purpose was in place. This noted the provider's aims and objectives which included the core values of privacy, dignity, independence and choice. The provider's philosophy of care noted the aim as being 'To provide people with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance'. Staff were aware of the core values and the philosophy of care. During the inspection staff treated people with dignity and promoted their independence. For example, staff walked with people to encourage and support them when they moved to a different room.

At the last inspection in January 2016 we recommended the provider review the policies and processes in operation to seek and act on feedback from relevant people, such as people who used the service and their relatives, to make sure they continually evaluated and improved the service. At this inspection the registered manager had been working with a consultant to review and renew the policies. This was in progress. Quality surveys were used to gain feedback from people, their relatives and health professionals.

At the last inspection in January 2016 the provider failed to maintain an accurate, complete and contemporaneous record in respect of each person. At this inspection records about people's care and support were accurate. The quality of records had improved. Regular quality checks and audits were carried out on key things, such as, health and safety, infection control and the environment. These were

recorded and action was taken to address any shortfalls. Care and support plans were updated as people's needs changed and were regularly reviewed to make sure they were up to date. The breach in regulation found at the last inspection had been met.

The management team worked cohesively with the staff, providing advice and guidance. The manager told us they promoted an 'open door policy' to encourage staff to share thoughts and ideas. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings, including any actions needed, were taken so that all the staff were aware of discussions.

People were actively involved in suggesting improvements to develop the service. Residents meeting were held and ideas or concerns listened to. For example, at one meeting people commented that, on occasions, the call bells took a long time to be answered. The manager then raised this at a staff meeting and was monitoring the response times. Minutes from the staff meeting noted, 'We will be monitoring this and asking residents if there has been any improvement'.

Staff understood what was expected of them and their roles and responsibilities. Staff were allocated specific duties on each shift and these were monitored throughout the day to make sure they had been completed and to check if there were any concerns. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

The provider had a clear vision about the quality of service they required staff to provide which staff understood. The management team led by example and supported staff to provide the level of service they expected. The provider held managers meetings where they met with the management teams of their four services and the two care consultants. At these meetings they shared good practice and lessons learnt to support all of the services to continually improve.

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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured people's care and treatment was designed to reflect their preferences and ensure their hobbies and interests were supported.</p>