Care homes for adults (18-65 years)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tamerine</th>
</tr>
</thead>
</table>
| Address:      | Tamerine Southwick Road  
                Denmead  
                Waterlooville  
                Hampshire  
                PO7 6XT       |

The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

Lead inspector: Christine Bowman

Date: 2 1 1 2 2 0 0 9
This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
</tbody>
</table>

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
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<td>Care Quality Commission</td>
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## Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Tamerine</th>
</tr>
</thead>
</table>
| Address:                | Tamerine Southwick Road  
                           | Denmead  
                           | Waterlooville  
                           | Hampshire  
                           | PO7 6XT |
| Telephone number:       | 0000     |
| Fax number:             |          |
| Email address:          |          |
| Provider web address:   |          |

<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Hampshire Partnership NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Ms Jeanette Ellis-Brown</td>
</tr>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>4</td>
</tr>
</tbody>
</table>

### Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies) :</th>
<th>Number of places (if applicable):</th>
</tr>
</thead>
</table>
| learning disability           | Under 65: 4  
                               | Over 65: 0 |

Additional conditions:

- The maximum number of service users to be accommodated is 4
- The registered person may provide the following category of service only : Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Learning disability (LD)

### Brief description of the care home

Tamerine is a respite care home, which is registered to accommodate up to four service users with learning disabilities. The service is provided by Hampshire Partnership NHS Foundation Trust and is a part of their Social Care Directorate. The home is a bungalow located on a residential street in the village of Denmead, close to local amenities, and within two miles of the town of Waterlooville, which provides a large array of public services. The accommodation consists of four bedrooms, two
<table>
<thead>
<tr>
<th>Brief description of the care home</th>
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<tbody>
<tr>
<td>assisted bathrooms, a lounge, a kitchen/dining room, a hall, utility room and an office, which is also the sleep-in room for the staff. There is a large well-kept garden to the front and side of the home and a small car parking area to the rear. Car parking is also permitted on the roadside.</td>
</tr>
</tbody>
</table>
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

How we did our inspection:
This was the first key inspection of the home since registration in June 2009. We
looked at the background information provided to support the registration. This
included a summary of the work undertaken since the pre-registration visit on 21st
April 2009. The manager completed an Annual Quality Assurance Assessment (AQAA)
giving us up to date factual information about the home, and informing us of what they
think they are doing well, how they have improved the service, and plans for further
improvements for the people using the service. Three people who use the service and
three staff members completed surveys giving their views on the service provided. This
was the first unannounced site visit and was completed on 21st December over four
hours. We met two of the service users, three members of staff, with whom we spoke
briefly, and the registered manager. We looked at the service user guide, assessment
documentation, care plans, staff personnel files and other records. We also looked at
the accommodation.
What the care home does well:

Service user comments on what the home does well included, 'they help me cook a lot and make me happy', I did a film about me and Tamerine and I enjoyed it', and 'Tamerine takes care of me', The parent of a service user, who helped them to complete a survey, commented on what the home does well, 'Everything! The care is A star. I cannot fault them on anything. Over the many years my son has received respite, not only do they care for him, but they are also aware of the carers' feelings and concerns and we can also enjoy our respite, knowing that our son is happy. This is an excellent home.'

The information provided about the home for prospective service users is appropriate and accessible and current service users had enjoyed helping to make a DVD about staying at the home. Equality and diversity issues are promoted and information is gathered to ensure that service users' individuality is respected. The service users benefit from being supported by a loyal and experienced staff team, who know them well, work well together as a team and provide them with consistency and continuity of support. One staff member commented on what the home does well, 'Tamerine offers care, tailored to individual needs, and provides a 'home from home' atmosphere for the people who stay here.'

What has improved since the last inspection?

This was the first key inspection of a newly registered service; however, much had been achieved in improving the physical environment since the initial registration visit. Major building work had taken place, which included an extension to the rear of the property, enlarging the bedrooms and relocating some of the facilities such as the office, utility room and a bathroom. All the windows and doors had been replaced and were double glazed for extra warmth. Communal areas had been redecorated, refurbished and new flooring put in place. Both bathrooms had new baths and fixtures and fittings. Locks had been fitted to the doors of the bathrooms and bedrooms, and bedrooms had been provided with a lockable facility in which service users could store their valuables and medication safely.

The home has a development plan in place and an enthusiastic manager, who is aware of any improvements the home needs to make for the benefit of the service users, and committed to ensuring the home is run in their best interests.

What they could do better:

No requirements or recommendations were made as a result of this key inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

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Environment (standards 24 - 30)
Staffing (standards 31 - 36)
Conduct and management of the home (standards 37 - 43)
Outstanding statutory requirements
Requirements and recommendations from this inspection
Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Full and accessible information about the home is available to inform prospective service users, to help them to decide if their needs can be met there, and the home ensures it can meet their needs by carrying out a full assessment with people who know them well.

Evidence:

The statement of purpose was available in the entrance hall and was illustrated with colourful photographs of the people responsible for the management of the home and illustrations to accompany the required information about the home to aid the understanding of people with learning disabilities. The manager showed us a DVD made for prospective clients, and which had been completed with input from the current service users. The film gave an up to date view of what the home has to offer and showed service users visiting the local tea shop, using the other local shops and taking part in activities and domestic tasks in the home. A service user commented in the survey they completed, 'I did a film about me and Tamerine and I enjoyed it'. The statement of purpose highlighted 'respecting dignity and privacy' as key elements of the service and promised to support people by, 'listening to what they say', 'talking to
Evidence:

people in private', learning to understand the way people communicate', 'helping people with personal care in private', 'giving people the chance to do things for themselves', and 'helping people to take risks'.

Tamerine had been providing a respite service as a part of the NHS for many years, and had been under the threat of closure. The relatives of the people who use the respite facilities had, 'fought hard for the continuation of the service', which records of comments confirmed, 'was of immense value to them'. A change from the original set-up of the service is that individuals can now buy respite time. Since the registration of the service and closure for refurbishment two new applications had been received. The manager wrote in the AQQA under improvements over the previous twelve months, 'Initial assessment paperwork has been developed. We have had closer ties with Adult services and Care Managers which is bringing about better outcomes for service users regarding the management of risks, the provision of specialist input (training) and communication.'

The two service user's assessments sampled contained full and detailed information, which had been collected with input from their relatives. Background information with respect to health and personal care needs, preferred language and communication, mobility and the need for specialist equipment, specific conditions and specialist's involvement, dietary requirements and preferences, support needs, community involvement, social and leisure interests and managing finances were all recorded. The manager confirmed that no service user would be accepted for respite if the staff had not been trained to meet their needs. An example of this practice was the planning of specialist medication training to support a prospective service user with epilepsy. The initial assessment documentation included information with respect to equality and diversity issues such as the prospective service users' data with respect to their race, sexual orientation, religion and beliefs so that the home could respond to their individuality and respect and meet their needs. The manager wrote in the AQQA, 'existing service users care is reviewed each time they come to stay at Tamerine and their needs discussed and any changes in care noted and actioned'.
Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People’s needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people, who use the service, have up to date care plans, which they have been involved in compiling, to ensure they are supported safely and in a way they prefer.

Evidence:

The AQAA recorded, 'We know our current service users very well and work closely with their parents or main carers to provide the same quality of care they receive when not using our service. We also work closely with other professionals and attend reviews held by Adult Services (usually held at an individual's Day Provision Service) where we will be involved with, but not responsible for, Person Centred Plans. These reviews are usually attended by the service user, their representative, advocate, parents, care manager and key workers'. Two service user files sampled included care plans, which informed the staff of their preferred form of communication and of their ability to make their own decisions. One service user used a combination of verbal sounds and Maketons signs to make themselves understood. Support plans informed the staff of what the service users could do independently and of 'how to help them' with their personal care needs. One service user, whose behaviour could be
Evidence:

challenging to the service, had a care plan in place to inform the staff of how to identify and respond to signs of agitation. Clear instructions to the staff were recorded with respect to listening closely to the service user and valuing their opinions, and equally helping them to understand that the preferences and needs of others were also valued. The three staff members, who completed surveys, all confirmed that they are given up to date information about the care needs of the people they support or care for, in the care plan.

'Over the past twelve months', the manager stated, 'we have moved from a 'health' model of care to a 'social' model, and the provider organisation have been very supportive in assisting this change by setting up training in Working with Dignity, Values and Positive Risk Taking. The manager was also booked in to attend a Person Centred Planning course to see how this can be used in a short stay service.

Care plans included the management of risks with instructions to the staff of actions to take to minimise risks in meeting the service users' care, health and behavioural needs, and the activities of daily living in the home and in the community. One service user had a risk assessment in place with respect to epilepsy, which the community epilepsy nurse had been involved in compiling.
Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are treated as individuals and supported to follow their interests, maintain social contacts, and be as independent as they are able. Their privacy and dignity is respected and a wide choice of meals is available to them.

Evidence:

Care plans sampled recorded service users' hobbies and interests. Service users had various interests including football, watching sport on the television, swimming, walking, bird watching, gardening, bowling, music, social activities, art, jigsaw puzzles and helping in the kitchen. Records confirmed attendance at day centres, and the manager stated that the home supported service users to keep up their attendance during their short stays at the home, if they wished to do so. Photographs displayed throughout the home, showed happy service users visiting farms, zoos, gardens, and forests, taking a trip on a steam train and involved in social activities at the home including summer barbecues and parties. One service user went out to lunch.
Evidence:

accompanied by a staff member on the day of the site visit, another visited neighbours, and the three service users, who completed surveys, recorded that they could do what they wanted during the day, in the evening and at the weekends. Daily records were kept of the participation of service users in activities, the daily routines of the home and of social interactions.

All the people who use the service, had a permanent home and primary carers elsewhere, however, 'the home supports and encourages them to maintain contact with their relatives and carers during their stays, and involves relatives and carers in care plan reviews and meetings', the AQAA confirmed. As a result of listening to people who use our service, the AQAA recorded that the home planned to hold more social events, and they were in the process of planning a New Year party and inviting service users' relatives and friends. Most of the service users had been staying at the home for periods of respite for a number of years, and had friends in the adjacent properties owned by the same provider, whom they liked to visit, the manager stated.

On the day of the site visit we saw service users being treated with respect, by being given full attention by the staff when communicating with them, and we saw the staff knocking on bedroom doors before entering, promoting the service users' privacy and dignity. The AQAA recorded that, 'the Trust encourages managers to discuss values and principles at interview and induction includes the Trust's principles and values regarding equality and diversity. Staff are then supported to attend a 'Values' course promoting dignity, trust, respect and independence within the service we provide'. The minutes of the previous service user meeting, which was attended by three service users, recorded that they all enjoyed using the garden, and that everything was going well. 'One service user likes to do their own washing', the manager stated, 'another enjoys setting the tables, and helping to prepare meals was a daily routine enjoyed by a number of service users. The staff were in the process of compiling a cook book of favourite recipes for the service users.

Menus were on the agenda of the service user meetings, and one service user stated that they enjoyed their meals at Tamerine. A pictorial menu was used to help service users to choose their meals and choices were recorded and monitored. The manager stated that on occasions four different meals may be provided to cater for individual choices. Staff training records confirmed that food hygiene training was up to date, and the AQAA recorded that four staff had received training in malnutrition care and assistance with eating to ensure the service users would receive appropriate support according to their needs.
Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way. |
| If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes. |

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users' health and social care needs are met in individual ways and safe systems are in place with respect to supporting them to manage their medication.

Evidence:

Care plans sampled recorded the service users' support needs and informed the staff of how to provide the support with respect to their needs and wishes. Personal preferences were recorded, and specialist requirements including the need for equipment to support mobility needs. One service user's support plan explained how to give full support when taking a shower or bath, and that only prompts were needed to enable the individual to clean their teeth independently. The three staff members, who completed surveys, confirmed that they were always given up to date information about the needs of the people they support and the three service users, who completed surveys recorded that the staff always treat them well and listen and act on what they say.

The manager stated that the service users' primary carers took responsibility for their routine healthcare needs and that they were registered with their own General Practitioners (GPs) where they live for most of the time. Medication, annual health
Evidence:

checks, dental, optical, and other specialist health needs were arranged by the service users' primary carers, but up to date contact information was clearly recorded so that advice could be sought, should the primary carers not be available. The manager confirmed that if a need was identified during a respite stay at the home, carers would be informed and recommendations made to ensure service users' needs were met.

Appropriately storage was provided for controlled drugs, which could accompany service users on their short stays, and a controlled drug register was also provided. Risk assessments were in place with respect to the storage of service users' medication in a lockable facility in their bedrooms. The manager stated that there was a requirement that all medication accompanying visiting service users must be in original packaging with pharmacist's clear instructions. Records sampled confirmed that accurate recordings were made of medication administered to service users and records of medication received and returned to the service users primary homes were also kept to ensure safety. Staff training and development files showed that medication training was up to date, and the manager confirmed that the chief pharmacist of the NHS provided training and advice with respect to medication issues.
Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users feel able to complain and procedures are in place to protect them from harm.

Evidence:

The home welcomed feedback from service users, their relatives and representatives and had developed a complaints procedure in an accessible format for the service users. A separate leaflet produced by the provider organisation was also available explaining the procedure. The three service users, who completed surveys, confirmed that they knew who to speak to if they were not happy and that they knew how to make a complaint. A relative, who had assisted a service user to complete the survey commented, 'my son knows all the carers at Tamerine, can make his needs known and, as his mum, I know how to make a complaint.' No complaints had been received over the previous twelve months, the AQAA recorded, and the manager stated that a number of compliments had been received. Comments included, 'To all the staff team at Tamerine; you all put the heart into this home, thank you', and 'thank you for the extra care and attention you gave our daughter during her weeks stay with you'.

All the staff had signed to confirm they had read the local authority Safeguarding Adults policy and procedure, which contained a flow-chart giving them important information about making referrals, and included the local contact details. This information was also displayed on a notice board and records confirmed that the staff
Evidence:

had received up to date training on the protection of vulnerable adults. The AQAA recorded that no safeguarding adults referrals had been made over the previous twelve months.
Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.</th>
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</thead>
<tbody>
<tr>
<td>People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience excellent quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are provided with a comfortable, clean and homely environment, which meets their needs.

Evidence:

The home is a bungalow, located on a residential street in the village of Denmead and within two miles of the town of Waterlooville. There were local shops close by for the people, who stayed at the home, to use, and the town centre of Waterlooville provided a range of shops and public services. The home was similar to other residential properties in the street, the exterior was well-maintained, and a small car parking area was provided near the entrance.

The welcoming entrance hall had a display of staff photographs on a notice board and other interesting information for the service users and their relatives, including, 'Epilepsy and Employment', 'Ordinary People Ordinary Lives' and the Statement of Purpose and Service User Guide. Corridors were wide enough to enable wheel-chair users to move around freely and there were display cabinets on the walls containing photographs of service users enjoying social occasions and visiting places of interest.

Communal areas included a large sitting room, which was attractively decorated for Christmas with a large Christmas tree, which the manager stated, 'the service users
Evidence:

had assisted in decorating, comfortable furniture and carpets throughout. Opportunities for service users' entertainment were provided by a large widescreen television, with DVD, a music centre, games, jigsaw puzzles, books and magazines. A computer on wheels, and a mobile sensory unit with bubble tubes, lights and sounds could be used in the communal areas or in service users' bedrooms. The colour schemes throughout the home were well co-ordinated and pleasing to the eye. French windows led out onto an extended terraced area used for outdoor entertainment, and provided with outdoor furniture. Potted plants made this area attractive. A large area laid to lawn to the side of the home had goalposts for football practise and a barbecue. There were raised beds for planting a sensory garden and the gardens were enclosed for safety. The kitchen/dining room had a large farmhouse table and solid, but domestic chairs giving the room a homely feel. The manager stated that they were building up a cookery book of service users' favourite dishes.

Two bedrooms were occupied at the time of the site visit. The manager explained that personalisation was promoted by providing special interest duvet covers, and ensuring that a service user, who likes to watch videos in their room was supplied with a television with a video facility. Due to the short stay nature of the provision, and the fact that service users' primary homes where elsewhere, a few familiar personal items accompanied them for their stays. Books, games, televisions, radios and activities were provided by the home and the domestic lighting consisted of a bedside light and wall lights. Bedroom furniture was solid, but domestic, and as well as the required, wardrobe, chest of drawers and bedside cupboard, a desk was also provided and a lockable facility for the storage of service users' valuables and medication.

The two bathrooms were well-equipped with assisted baths, showers and toilets. Appropriate hygiene facilities were provided, including liquid soap and paper towels to promote infection control.

Although very small, the laundry room was provided with appropriate equipment for laundering the service users' clothes throughout their stays. A sink was provided for hand washing and the flooring was impermeable. Staff training and development logs confirmed that infection control training was up to date, and the home was beautifully clean and fresh throughout. Two of the three service users, who completed surveys, recorded that the home was always fresh and clean, and one that it usually was.
Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People’s needs are met and they are supported because staff get the right training, supervision and support they need from their managers. |
| People are supported by an effective staff team who understand and do what is expected of them. |

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are supported by well-trained, qualified and supervised staff and protected by safe recruitment procedures.

Evidence:

The AQAA recorded that there were nine permanent care workers employed at the home and that no staff had left the employment of the home over the previous twelve months. The manager stated that the staff team had worked together at the home for many years, offering consistency and continuity of support to the service users, staying for periods of respite care. On the day of the site visit, two staff members supported the two service users staying at the home. The three staff members who completed surveys recorded that there were sometimes enough staff to meet the individual needs of the people who use the service, and they all commented that, 'something the home could do better was, to provide more staff to facilitate activities' and 'so we can take the service users on more outings.' In addition to her management responsibilities, the manager also provided support to the service users, but stated that a full-time deputy manager had recently been allocated to the home to support her in her role. The AQAA confirmed that seven of the nine care workers had achieved a National Vocational Qualification (NVQ) in Health and Social Care at Level 3, and that two of them had also completed a NVQ at level 4. The manager was very clear that service users did not commence periods of respite prior to the staff being
Evidence:

Trained to meet their specific needs. Training in the use of an up to date drug for use in epilepsy was in progress because a newly assessed prospective client used this drug.

The two staff personnel files sampled were well organised and contained photographs and a checklist of contents. They had both been recruited prior to the current Criminal Records Bureau (CRB) checks, however, records confirmed that both had CRB check disclosure numbers for March 2008 to confirm they were safe to work with vulnerable adults. References had also been supplied dating back to their recruitment up to twelve years ago and application forms had been completed. The three staff members, who completed surveys, recorded that their employer carried out checks, such as CRB and references before they started work, and the manager stated that interview panels had included service users many years ago. She also confirmed she had been given training in the organisations' recruitment policy and procedure and an information pack to support this to aid her in the recruitment of a new deputy manager.

Two of the three staff members, who completed surveys, confirmed that their induction covered everything they needed to know to do the job when they started, and one that it mostly did. Although induction had taken place prior to the introduction of the Skills for Care Common Induction Standards, records of mandatory training showed that 'working with dignity' had been accessed by all the staff. Mandatory training records were up to date and confirmed that fire safety, food hygiene, health and safety, moving and handling, adult protection, the control of infection, medication administration, basic life support and strategies for crisis intervention and prevention had been completed by all the staff and updates had been planned. The three staff members, who completed surveys, all recorded that they were being given training that is relevant to their role, helps them understand and meet the individual needs of the people using the service, keeps them up to date with new ways of working and gives them enough knowledge about health care and medication. Other planned specialist training included positive risk taking, person-centred care planning, epilepsy awareness and epilepsy medication administration. In order to promote equality and diversity, an in-house representative had been appointed and training scheduled.

Staff files sampled included up to date supervision notes signed off by the manager and the three staff members, who completed surveys, recorded that their manager gives them enough support and meets with them regularly to discuss how they are working.
Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence</td>
<td>People have confidence in the care home because it is run and managed appropriately. People’s opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.</td>
</tr>
<tr>
<td>Support</td>
<td>People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people, who stay at the home, can have confidence in the management to protect their best interests, listen to them and take into consideration their views in the running of the home. The environment is safe for the people and the staff because health and safety practices are carried out.

Evidence:

The registered manager, Janette Ellis-Brown, had worked with people with learning disabilities for twelve years, and was well-qualified, having achieved an Honours Degree in Disability Studies. She had also completed a National Vocational Qualification (NVQ) at level 4 in Health and Social Care and the Registered Managers Award (RMA) and had four years of management experience. The three staff, who completed surveys, confirmed that their manager gives them enough support and meets with them regularly to discuss how they are working. One staff member commented, 'Tamerine is made a happy and relaxed place to be, both for the service users and the staff. This is achieved by a team that work together and a manager, who puts others before herself and has empathy with all.' Another staff member wrote in the survey they completed, 'the home is very well run and has a manager who
Evidence:

cares for the service users and the staff. Tamerine has a very low sickness record and a low turnover of staff. Happy staff means a happy service'. The statement of purpose carried the 'Investor in People' logo, which means that an external agency had assessed and given recognition to the Hampshire Partnership NHS Foundation Trust as a provider, which invests in the training and development of its staff. The manager commented that, 'the Trust is brilliant at prioritising training, will supply training for any identified need and it is well invested in'.

The manager was in the process of setting up new quality assurance surveys to gain feedback from service users, their relatives and representatives and other stakeholders. The AQQA recorded that 'we hold service user meetings and review care at the beginning of each stay to ensure that the views of people who use our services are promoted and incorporated into what we do'. The minutes of the most recent meeting, which had been provided in pictorial format, and had been attended by three service users, showed that feedback had been given on menus, housing/decor, the garden, social events and day to day things. Service users also had the opportunity to comment on what was going well and what had not gone well. Some of the changes made as a result of listening to the people who use the service, included, 'rethinking the relocation of the service and keeping Tamerine open', 'refurbished the building, including having an extension built, new flooring and redecoration', and 'asking service users and their carers when they would like to use the service rather than just allocate stays'. Further changes planned included, 'sending out more detailed information at the end of stays to those who have requested this,' and 'holding more social events at the home'. A New Years Party was already in the planning process.

The AQAA recorded that equipment had been tested or serviced as recommended by the manufacturer or other regulatory body, and certificates sampled, confirmed that servicing had been carried out in a timely manner, for the protection of the people using the service and the staff supporting them. The Control of Substances Hazardous to Health risk assessments had been reviewed and updated to safeguard the people living in the home. Policies, procedures and codes of practise in relation to health and safety had been reviewed in a timely manner to ensure the staff had been kept up to date with current legislation and practice. The staff training matrix confirmed that mandatory training had been updated on a regular basis and future updates were included, confirming safe practise.
Are there any outstanding requirements from the last inspection?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**Outstanding statutory requirements**
These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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</thead>
<tbody>
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</table>
Requirements and recommendations from this inspection:

**Immediate requirements:**
These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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**Statutory requirements**
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

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<thead>
<tr>
<th>No.</th>
<th>Standard</th>
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<th>Requirement</th>
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**Recommendations**
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
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<tbody>
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