

Tamar Care (London) Limited

Tamar (Leeds)

Inspection report

726 King Lane
Leeds
LS17 7BA

Tel: 01135329141
Website: www.tamarcareleeds.com

Date of inspection visit:
19 June 2022

Date of publication:
26 July 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tamar Leeds is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection five people were being supported by the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not being administered to anyone at the time of inspection. The provider was strengthening processes around administration of medicines to ensure staff were sufficiently competent should they need to administer in the future.

Staff explained the provider carried out checks on the suitability of staff before they started work.

The providers systems to monitor the quality and safety of the service were being strengthened following feedback from an inspection of another location. We saw that the provider was working towards an action plan to drive improvements.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

Before people started to use the service, their individual needs and preferences were discussed and recorded for staff to follow. Staff had received training to reflect people's needs however some key training still needed to be completed.

People had support to prepare their meals and drinks where they needed this.

Staff and the registered manager worked effectively with community health and social care professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the care and support they received from staff.

There were some systems in place to monitor the quality of the service and recognise when improvements were required, However, these systems needed strengthening and embedding into practice. We have made a recommendation about this. Feedback about the service was in the process of being gathered formally. People knew how to raise issues or complaints and found the service responsive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 08 August 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-led findings below.

Tamar (Leeds)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as calls to enable us to engage with people using the service, emails to staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 20 June 2022 and ended 22 June 2022. We spoke with three staff, including the registered manager and one person that uses the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Care staff had received training in safeguarding people and knew how to report concerns.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.
- People told us they felt safe because of the support they were receiving.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and individual risk assessments were in place for people which included personal care.
- The registered manager explained that as the service provided care to a small number of people, they did not yet have an electronic system in place for monitoring timekeeping. Instead, care workers completed timesheets which were monitored to show care times of care calls was being appropriately delivered.
- Due to the size of the service there had been no documented accidents and incidents. The registered manager told us they had a system in place to learn lessons and record themes and trends.

Staffing and recruitment

- Enough care staff were employed to meet people's care needs. There were no concerns relating to missed or late missed calls reported.
- The provider always tried to maintain continuity of the care team into people's homes.
- Safe recruitment procedures were followed. The provider had strengthened their recruitment checks to ensure they employed staff of good character. This included gathering suitable references and undertaking Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- No one was receiving support with medicines, however, systems were in place to ensure people could receive their medicines safely, if required.

Preventing and controlling infection

- The service had an infection prevention and control policy in place. The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care staff.
- Care staff completed infection control training and had up to date guidance to follow.

- Feedback indicated staff wore PPE and no issues were raised in respect of this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Care staff told us they received an induction prior to commencing work and were being signed up to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had employed a training coordinator to oversee training. Ongoing key training, such as infection control, safeguarding adults and first aid was in place and monitored. The provider had identified some training gaps and staff were working towards completing all their eLearning.
- Care staff confirmed that they had received on-going training and supervision and told us they felt well supported.

Staff working with other agencies to provide consistent, effective, timely care

- Prior to starting using the service people's needs and choices were assessed to ensure the care could be provided to people.
- People were involved in writing their care plan and details of how they wanted their care to be delivered was recorded.
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so they could plan for those needs to be addressed. Staff were aware of equality and diversity issues and had learnt about people's cultural differences.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Care staff were not directly involved in people's healthcare needs. However, care plans showed healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Care staff told us they monitored people's health and took prompt action if they became unwell.
- Records contained details on people's eating and drinking requirements where support in this area was necessary.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff had completed training in relation to the MCA.
- Care plans involved people and recorded where their consent had been discussed with them.
- Staff were aware of the principles of the mental capacity act and said they always considered people's choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff who supported them were kind, caring and helpful.
- People told us they got on well with their care workers and enjoyed their company. One person said, "I have two regular carers, they have been coming for over a year and we are like friends. The carers are so loving and caring, even if it's not their day to come they keep in touch with me to make sure I'm okay."
- People told us staff took an interest in their lives and respected them as individuals. One person said, "I have been coping on my own for three years and when they came it was lifesaving. They always ask how I want to be cared for."
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- People's protective characteristics such as their disability, age and ethnicity were taken into consideration when supporting them.

Supporting people to express their views and be involved in making decisions about their care

- Staff we spoke with were knowledgeable about people's backgrounds and preferences. They were able to speak at length about the people they supported and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and were very thoughtful with the care they delivered.
- People's independence was promoted. One staff member told us, "It's about giving the person their own choices, we tailor what we do to assist them to live a comfort more independent life."
- People told us they were treated with dignity and respect and staff told us they ensured people's privacy was protected and confidentiality maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences. Feedback indicated that care and support provided was tailored to people's individual needs. One person said, "They [care workers] know me very well indeed."
- People had choice and control over how their care and support was provided. This helped to ensure people received support that was personalised and tailored to their needs.
- Care plans were person centred and focused on people's care, medical and social needs and how they wished to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and details recorded in their care plans.
- People told us staff knew how to communicate with them. One person said, "They [staff] know me very well indeed."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us how their lives had improved due to the care they received. One person said, "The carers are so loving and caring, even if it's not her day to come care worker gets in touch with me to make sure I'm ok, [name] goes over and above. I'm friendly with them is too wonderful. I had been coping on my own for three years and when the carers came it was lifesaving."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had been no complaints raised at the time of the inspection.
- People said they knew how to raise a complaint or a concern and felt appropriate action would be taken.

End of life care and support

- The service did not provide end of life care. The registered manager explained that they would ensure all care workers received the training and support that they needed to provide people with end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes for the management and oversight of the service needed strengthening and embedding into practice. For example, audits needed to be further detailed to ensure all of areas of the service were being monitored. Although this had a minimum impact due to the service being small, quality audits were vital as the service expanded.

We recommend the provider takes action to strengthen their governance systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a positive culture at the service that was person-centred. The registered manager took on board our recommendations and made plans to strengthen governance of the service.
- During the inspection the provider informed us they were in the process of implementing an electronic system in order to make the service more efficient and support the provider to have oversight of the service.
- There was evidence of learning and improving care. There was an action plan in place which identified who was responsible for different areas of service improvements. The registered manager acknowledged that timescales were needed to drive improvements and ensure improvements were made in a timely way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.
- People and care workers spoke positively about the registered manager. They were confident the registered manager would discuss any concerns they had and improve service delivery. One care worker said, "We have an open-door policy" and "The manager is approachable and fair to all staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to provide the feedback about the quality of service they received through regular meetings, telephone calls, and quality assurance checks.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.

- Where required, the service communicated and worked in partnership with external parties.