

Mrs Kerry Michele Fearnley

# Tamar Care Services

## Inspection report

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25 November 2019

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Tamar Care Services is a domiciliary care service that provides care and support to people living in their own homes in the community. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

Not everyone who used the service received personal care. 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.

When we inspected the service was providing the regulated activity, personal care, to approximately 70 people.

### People's experience of using this service

People, their relatives and professionals told us care was delivered in a safe way. Staff provided care for people in a compassionate and respectful manner. People received a reliable service, had agreed the times of their visits and received regular updates on any changes. One relative said; "Overall, I am happy with the service provided and channels of communication."

People were supported by a stable staff team who had the skills and knowledge to meet their needs. They told us they received their medicines on time and staff understood and met their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes.

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.

Assessments were carried out before people used the service to identify any risks to the person and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. The service worked collaboratively with healthcare professionals to access training and advice which helped ensure people's health needs were met.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team. Staff had received appropriate training and support to enable them

to carry out their role safely.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good. (Report published on 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Tamar Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager, who was also the provider, who was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service three working days' notice. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection started on the 21 November 2019 when we made calls to people who used the service. We visited the office site on the 22 November 2019 and visits to people's homes took place on 25 November 2019. We also sent emails to staff and healthcare professionals. The inspection ended on 25 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and eight relatives. We spoke with the registered manager and the designated training officer. We also received feedback from 19 care staff. We obtained consent from one person to visit them in their own homes. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports.

#### After the inspection

We continued to receive further information from the service. We received information from two healthcare professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support from staff. A relative said; "I have always felt completely safe when the carers are in the home."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- Staff were up to date with their safeguarding training and understood their responsibilities to keep people safe and protect them from harm.
- The service had raised appropriate safeguarding concerns with the local authority and CQC.

Assessing risk, safety monitoring and management

- People told us they felt safe when being supported by staff.
- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. People said; "I can't fault it. All the staff are genuine and trustworthy" and "I feel very safe with them." Another said; "Times are really good, and they always let us know if they are running late or any changes to the worker."
- People were given telephone numbers for the service, so they could ring at any time should they have a query or in case of an emergency. A member of the management team answered telephone calls when the office was closed. People and staff told us phones were always answered, inside and outside of office hours.

Staffing and recruitment

- There were sufficient staff employed to cover all the planned visits to people's homes. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times. Any changes made to rotas were communicated to staff by phone calls or text messages.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.

Using medicines safely

- People told us they received their medicines on time.

- Staff told us they had received medicines training and were confident administering people's medicines.
- People's care plans gave staff clear information about what support they needed with their medicines.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.



# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information was available in the office and in people's care records to guide staff on best practice.
- People's information was captured at the pre-assessment stage was used to develop care plans which were updated as people's needs changed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meeting's regularly took place, as well as group staff meetings, where staff could discuss any concerns and share ideas. Management also completed annual appraisals with staff.
- Regular spot checks were also carried out to check staff competency and practices.
- Newly recruited staff completed a full induction including training in a range of areas and a period of shadowing more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff carried out, or supported, some people with meal preparation and people were happy with the meals provided. Staff understood what action to take if they were concerned someone was not eating enough.
- Staff had been provided with training on food hygiene safety.
- Care plans contained details about people's dietary requirements and preferences.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's health needs and what support they required was recorded in their care plans. This included oral health care.
- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly. Staff recognised changes in people's health and sought professional advice appropriately.
- The service worked with other agencies to help ensure people's health needs were met. A healthcare professional told us, "In my experience we have worked well together, bouncing ideas around together to work as best we can for the individual involved. They have always reported any concerns in an appropriate timescale and manner."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Mental capacity assessments had been completed appropriately to establish whether people had the capacity to make certain decisions.
- When they were assessed as not having the capacity to make certain decisions, information was available to staff about how to support them in their best interests.
- People told us staff always sought consent before completing any tasks.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were positive about the way they were supported by staff. One person described their care as "Excellent care and excellent staff!"
- Staff talked about people with compassion and told us they enjoyed making a positive difference to people's days. One person said; "The staff are very caring and supporting and do everything they can to make me feel comfortable."
- Information about people's protected characteristics and any related support needs were recorded in people's care plans.
- The service had its own mini-bus which was used to arrange trips out to local areas for everyone receiving a service.
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with peoples wishes.

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

- Staff supported people to make day to day decisions about how their care was delivered and respected their choices.
- Staff knew people's individual communication needs and abilities and these were recorded into people's care plans.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. Senior staff visited people regularly to review their care plans and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. Care plans described what people could do for themselves and where they needed support.
- Staff supported some people to access the community and continue to take part in activities that were important to them. For example, one person told us how the staff had supported them to access the community for the first time in over six months.
- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected. Care records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Care plans were regularly reviewed, and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected.
- After each visit staff completed daily notes to record the support provided and capture any changes in people's needs.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help or changes to their visits. One person said; "Tamar Care Services have been absolutely amazing in accommodating for my needs, the care and office staff are fantastic, I often receive a call from the office checking in to see how I am doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- The registered manager had an appropriate complaints policy and procedure in place. This was accessible to people using the service.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned.

End of life care and support

- People's end of life wishes were discussed with them when required and recorded into people's care plans.
- Staff had received end of their life care training.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had good oversight of the service and understood the needs of people they supported. They knew people and their needs well which helped ensure their needs were met by the staff team.
- People, their relatives and healthcare professionals told us the service was well managed with good communication. Comments included, "I have every confidence in the management of the service" and "The service is very good and well managed. They treat staff and clients well."
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One person said; "I have a lot of confidence in the management, the owner and office team keep in regular contact making sure I'm happy with the care/service I'm receiving."
- The values of the service were based on enabling people to remain living at home for as long as possible. This was understood and supported by staff.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the provider. Other senior staff helped co-ordinated the day-to-day running of the service such as completing the rotas and speaking with people and staff.
- There was good communication between the management team and care staff. Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "In the short time I've worked at Tamar it has been great. It's made me enjoy working in care again and feel valued at every step" and "The management team are super approachable, I have on quite a few occasions called during out of hours and have always received a kind, warm and welcoming response with a solution!"
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks completed helped to monitor performance.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff told us they felt supported by the registered manager and senior staff and they were approachable and readily available.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals and being involved in social care provider groups.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.