

Tamar Care (London) Limited

Tamar (London)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 (London) is a domiciliary care agency providing personal care to older people living in their own homes. The services they provide include personal care, housework and medicines support. At the time of our inspection the service was providing personal care and support to 2 people. The Care Quality Commission (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:

Recruitment practices were not always robust, and it was not always evident that staff were recruited safely.

There was not an effective system in place to check various aspects of the care provided and identify deficiencies in relation to people's care and the running of the service.

Risk assessments were in place. However, we noted that in some instances the information recorded in these was limited and did not always include instructions for staff about how to mitigate associated risks. We have made a recommendation in relation to this.

Staff completed training to help ensure they had the necessary skills and knowledge to support people appropriately. However, an effective system was not always in place to support staff with their professional development and we have made a recommendation in respect of this.

Medicines management systems were in place.

There were systems in place to help safeguard people from the risk of possible harm.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

People and relatives told us that care workers were respectful of people's privacy and dignity. They told us care workers were kind, helpful and considerate.

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.

Staff we spoke with told us they enjoyed working at the service and they were well supported by the management team and their colleagues.

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

Rating at last inspection and update

The last rating for the service was good (24 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations

We have identified two breaches of regulation in relation to fit and proper persons employed and governance at this inspection. Further, we have made two recommendations in relation to risk assessments and staff support.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tamar (London)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Tamar (London) provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 27 April 2023 and ended on 15 May 2023. We visited the office location on 27 April 2023 to see the registered manager and review records related to the service.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We reviewed a range of records. This included 2 people's care plans, risk assessments and medicines records. We also looked at 3 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included quality assurance records and a range of policies and procedures.

We spoke with four staff members. This included the registered manager, branch manager and care workers.

People who received care and support from the service were not able to speak with us due to their health needs. We attempted to speak with 2 people's relatives but were only able to speak with 1 relative.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment practices were not always robust, and it was not always evident that staff were recruited safely. The provider's engagement policy stated that only one employment reference was required. We looked at staff files and found that with the exception of one staff file, two references had been obtained for care workers. However, there was a lack of evidence to confirm how references had been verified to check their authenticity. Further, in some instances, character references were obtained instead of employment references. The reason for not obtaining an employment reference was not documented. This practice was not in accordance with the provider's engagement policy which states that 'at least one work or professional reference' should be obtained.
- Where an employment reference was obtained, this was not always from the most recent place of employment. In one staff file, we noted that the employment reference obtained was from 7 years prior to the application and the reasons for accepting this as a suitable reference were not documented.
- Staff files did not always fully document recruitment checks. For example, application forms were not always completed or were partially complete. The questions asked at interviews were not consistently recorded. These should be recorded to ensure fairness for candidates and to also demonstrate how the provider determined staff were suitable enough to be recruited.
- The provider was unable to demonstrate that they had effective recruitment and selection procedures in place to help ensure that only suitable staff were employed to provide people with good and safe care.

The above was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Feedback from one relative indicated that there were no issues with punctuality and attendance. However, we found the provider was not consistently monitoring punctuality and attendance. Care workers documented the time they arrived at people's homes on daily records. We looked at a sample of these and found that the arrival time was documented but the time they left was not recorded. We raised this with the registered manager who advised that in future they would ensure care workers documented this consistently.
- The registered manager and branch manager told us they currently had enough staff to safely and effectively meet people's needs and cover their agreed hours of support. However, they explained that they would like to take on further care packages but could not, due to difficulties recruiting care workers. They

explained that they were continuously looking to recruit more care workers and would only consider taking on further packages when they had sufficient staff numbers in place.

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

- Risk assessments were in place. Care records included sections titled 'moving and handling risk assessment', 'medication risk assessment' and 'nutrition and hydration risk assessment'. However, we noted that in some instances the information recorded in these were limited and did not always include clear instructions for staff about how to mitigate the associated risk. We also found that not all risks were clearly identified. For example, one person had a history of falls and used a walking aid, however the risk assessment made no reference to this person's history of falls. There was also a lack of guidance for care workers on actions to take to mitigate the associated risks when the person used their walking aid.

We recommend the provider review their risk assessments to ensure all potential risks are identified and appropriate details of how to mitigate risks is documented.

- We discussed risk assessments with the registered manager who explained that further detail would be included specifically in relation to how to mitigate associated risks.
- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. The branch manager told us that there had been only one incident since the last inspection.
- We looked at the incident/accident form completed for this one incident. This included details of the nature of the incident/accident. However, the form was not fully completed. The 'learnings and further action' section was incomplete. We raised this with the registered manager who told us the documentation would be updated to include this information.

Using medicines safely

- Medicines management systems were in place. The service assisted 1 person with medicines support. We looked at the Medication Administration Records (MARs) for this person between January 2023 to March 2023. There were no gaps in these in relation to the medicines support provided and no evidence that indicated the person had not received their medicines as prescribed. However, we found that there were some instances where full details of the medicines prescribed were not clearly documented. For example, on one MAR we looked at, the medicine prescribed was documented but there was no information about the dosage and how frequent the medicine was to be administered. On another MAR for this person, we noted that one medicine did not include details of how frequently the medicine was to be administered. We raised this with the branch manager who said that MARs were provided by the pharmacist. We discussed with the registered manager the importance of ensuring all MARs include the name of the medicine, the dose and frequency it was to be administered. They confirmed that they would ensure this was checked in future.
- The staff training matrix detailed that care workers had completed training to administer medicines. However, we saw no evidence of medicines competency checks being carried out to ensure staff had the appropriate knowledge and skills. We raised this with the registered manager who said that they would ensure these checks were carried out in future.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- Feedback we received indicated that people felt safe in the presence of care workers. One relative said, "[My relative] is safe. I have no concerns. Thanks to [the branch manager] who is committed and very much

involved."

- Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and reporting safeguarding concerns.
- Staff said they felt comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

Preventing and controlling infection

- Systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
- An infection prevention and control policy was in place. This included guidance on the COVID-19 pandemic.
- Staff completed relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- An effective system was not in place to support staff with their professional development. Such systems help ensure staff are well supported and supervised help ensure people receive the care they need and want safely. Supervisions were not consistently carried out. We asked the provider for evidence of regular supervision sessions. The branch manager told us they had telephone calls with staff members but these were not documented. We discussed this further with the registered manager who advised that they carried out 'check-ins' which were telephone calls with staff. We were provided with notes from a 'check-in' carried out in January 2023. The detail documented was limited and there was a lack of evidence that staff had an opportunity to discuss their progress and any performance issues. The provider was not meeting their continuing professional development policy which stated, "one to one meetings will be held between individuals and care management on a quarterly basis, (as a minimum), as well as ad hoc as required. These meetings will be recorded on the appropriate form. They include relevant business updates, discussions on performance and conduct, feedback from Services Users and supervisions, as well as any actions required."
- We did not see evidence that staff had completed an induction when they first started working at the service. There were no details as to the content of the induction and what was specifically covered with staff.

We recommend the provider seeks and follows best practice guidance on monitoring and supporting staff.

- Staff we spoke with spoke positively about the support they received from the branch manager. They told us that they had regular conversations with management and always felt able to ask questions. They said the branch manager was always available and was responsive.
- Staff spoke positively about the training they had received. They felt well supported by the branch manager and said they were always able to contact the office when needed.
- There was a system in place to monitor staff training. Staff had completed online training which included safeguarding, fire safety, first aid and moving and handling.

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

- A system was in place to help meet the requirements of the MCA. A MCA policy was in place. Care records we looked at included some information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.
- Staff received training of the requirements of the MCA. Staff we spoke with told us that they sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

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

- People's needs were assessed before they started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. Assessments considered people's healthcare background, mobility, personal care and safety requirements. Their protected characteristics under the Equality Act 2010, such as their age, gender, religion, marital status and ethnicity formed part of the assessment.
- A care plan was created following the assessment process. Care plans considered various aspects of people's lives, detailing their needs, individual preferences and choices, and how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility and nutrition.

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

- People's nutritional needs were met effectively.
- We discussed with the branch manager how the service monitored people's health and nutrition. They explained that care workers prepared meals from scratch based on what people wanted to eat. Care workers helped support people to meet their religious needs in relation to food preferences. For example, where people followed a Kosher diet, care workers ensured people were supported appropriately to help them meet this dietary need.
- The branch manager understood the risks of poor nutrition and knew how to access additional resources if required, such as dietician support.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care workers ensure that people's needs and wishes were respected and met.
- Care workers had undertaken food hygiene and fluids and nutrition training.

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

- The service worked with other agencies including social care and healthcare professionals to help ensure people received a level of care that met their individual needs and preferences. We saw documented evidence that people's needs were shared with other parties as appropriate.
- Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. 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 received kind and compassionate care from care workers who were respectful and understood and responded to their individual needs. One relative told us, "The carers are genuinely kind and caring. They know what they are doing."
- People's individual preferences were documented in their care plans. Care plans included a personal profile section. This provided detailed information about the person, their past, present and their preferences. This information enabled care workers to know a bit more about the person, understand their needs and engage in conversations with people based on their interests.
- People experienced good continuity and consistency of care from regular staff who they were familiar with. This helped build positive communication between people, relatives and staff and helped to ensure people received personalised care. The branch manager told us, "We pride ourselves on continuity of care."
- The branch manager explained that people and care workers were matched together based on their interests and cultural needs. People's preferences in relation to the gender of care workers were respected and met.

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

- People were involved with decisions about their care. Care records showed that they had been consulted about their care and support needs.
- The service involved people and their support network where applicable, in making decisions to ensure their needs were met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and kindness during interactions with staff. Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people.
- The service aimed to support people in a way that enabled them to maintain their existing skills to keep their independence as far as practicable. Care plans detailed what tasks people could do on their own and the areas they required support.
- There was a positive culture around respecting anonymity. Care records and files containing information about staff were held securely in the office.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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's care was personalised to meet their individual needs. Care plans we looked at included details about people's medical background and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met.
- Care workers told us management communicated with them about people's changing needs and support regularly. This was also confirmed by one relative we spoke with, who said, "I feel able to contact [the branch manager] without hesitation. [They] respond promptly and is always responsive and answers any questions."
- We saw documented evidence that changes in people's care needs and planning arrangements were promptly communicated to staff and care plans updated accordingly, so people continued to receive the care they wanted.

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.

- Details about people's communication needs were included in their care plans. This included information about how people communicated and how they wished care workers to communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager confirmed that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints. The registered manager explained that they had not received any complaints since the last inspection.
- Feedback from one relative and staff we spoke with indicated that they would not hesitate to raise concerns should they arise. One relative said, "I feel able to raise minor issues straight with [the branch manager] and I am confident [they] would resolve things." One care worker said, "[The branch manager] is very hands on. [They] are always there. I feel able to talk to [them] openly if I have concerns."

End of life care and support

- At the time of the inspection no one was receiving end of life care from the service. The branch manager explained that they had previously supported people with end of life care. The branch manager told us they were actively involved with ensuring people's wishes and cultural needs were met and was passionate about this.
- The training matrix indicated that staff had completed end of life training. The branch manager explained that in the event care workers supported people with this, they would receive detailed guidance to ensure they were equipped to deal with people's needs safely and sensitively.

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care;

- Audits and checks were not consistently carried out and were not always effective at identifying issues. There service failed to always maintain accurate and complete records in respect of people and staff.
- Management completed some checks and audits in relation to the completion of MARs and care notes. We were provided with the MAR audits for one person for January and February 2023. These lacked detail and failed to identify issues we found in relation to the completion of MARs. Further, whilst the provider audited care notes, they had not identified issues in relation to recording the time care worker's left people's homes. The provider did not have an effective system for consistently monitoring the duration care workers stayed at people's homes.
- There were some areas where the service failed to carry out audits and consequently failed to take appropriate action to address issues identified during this inspection. Whilst the service carried out some checks in relation to recruitment, they had failed to identify and address issues we found with staff recruitment.
- There were occasions where the service had failed to consistently maintain records relating to the running of the service. For example, staff supervision sessions were not consistently documented and details of the induction carried out was not documented.
- There was no evidence that regular spot checks were carried out on staff to monitor how they were providing care, their timeliness and professionalism.
- The registered manager explained that they contacted people and relatives to obtain feedback through a survey but had not received a response from most people. Instead, the branch manager contacted people and relatives a few times a week to check that they were satisfied with the care and support they received. However, these calls were not documented and there was no record of what was discussed. The registered manager said that in future, feedback interviews would be documented.
- The current auditing systems in place were not robust enough to show that the quality of the service had been assessed and improvements to the safety and quality of the services being provided to people had been made.
- Systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider was aware to notify CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place to help guide staff and ensure that they were clear about their responsibilities.
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and responsibilities and how they contributed to the overall running of the service.
- Care workers told us that staff morale was positive. They told us they felt supported and valued working at the agency. One care worker told us, "This is the best agency I have worked at. I would recommend them certainly."

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

- People were asked for their views of the service. Their feedback had been positive. People felt involved in their care and received their care in the ways they preferred.
- Relatives and staff had regular conversations with the branch manager and were able to share their views and were confident they would be acted on. One relative said, "[The branch manager] is constantly on it and it makes it a very good continuous service. I never expected there to be so much involvement from [the branch manager]. It is positive."
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current quality assurance systems in place were not always effective to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1)(2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The current recruitment and selection procedures were not always effective. Regulation 19(2)