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Tamar Care Services

Inspection report

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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

Tamar Care Services is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service supports some people who may require support with personal care needs at specific times of the day and/or night. At the time of the inspection 38 people were receiving support with personal care needs.

The provider managed the service and was registered with the Care Quality Commission. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is this service's first inspection since they were registered with us in April 2015.

People and relatives described staff as caring and no-one we spoke with had any concerns about the service or staff. One person told us, "Literally every one of them is only too happy and helpful. I can't speak highly enough of them." People and relatives told us of little things staff did for them, that made a difference. Comments included, "The care is brilliant and so is their attention to detail. It's like a fairy's been here when they've gone. They do things without me even noticing!" and "My mother has been in hospital recently and a member of staff took time to visit her"

People told us they felt safe using the service. Comments included, "The staff make me feel safe." Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. People had assessments in place to identify any risks to their health or well being. These included details for staff about how to help reduce risks. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. People valued their relationships with the staff members who provided their care and support. Comments included, "The staff are all brilliant" and "They're like family to me."
The provider carried out checks on new staff to help ensure they were suitable to work with vulnerable adults. During the inspection the provider told us, they had decided that in the future they would wait until new staffs' DBS and references had been returned before allowing them access to people's homes and confidential information.

People had care plans in place which guided staff on how people liked their care and support providing and detailed their preferred routines. People told us senior staff contacted them regularly to review the care plan and make any required changes.

Some people received support to take their medicines and told us that staff always got this right and recorded what they had administered. Staff also monitored people's health and sought further advice if they had concerns about people's welfare. People told us staff respected their home and protected their privacy

and dignity.

The provider and staff had an understanding of the principles of the Mental Capacity Act 2005. However the provider had not ensured that when people were having decisions made in their best interests that the reasons for this were recorded. We have made a recommendation about this in the full report. People confirmed staff sought consent before providing care or support.

There was a positive culture within the service. The provider had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. One person told us, "It's a good atmosphere when they're in my home."

People and their relatives confirmed the management team were approachable, included them in discussions about their care and encouraged feedback about the service. Complaints and concerns were recorded and dealt with promptly. A relative confirmed, "Any concerns I have raised have very quickly been resolved"

Information was used to aid learning and drive improvement across the service. The provider and senior staff monitored the quality of the service by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received.
People and their relatives told us they thought the service was well led. A relative told us, "I would not hesitate to recommend Tamar Care to anyone seeking a care agency that is reliable, approachable and above all does care about the quality of staff employed and the service that they deliver to the end user"

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.

People told us they felt safe using the service.

The provider carried out checks to help ensure new staff had the correct characteristics to work with vulnerable adults.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff told us they felt well supported and had the opportunity to reflect on practice and training needs.

People told us staff always sought consent before providing care or support.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

People were treated with respect by staff who were kind and compassionate.

Staff promoted people's independence and wellbeing.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

The provider carried out quality assurance activities to ensure the service was continually improving.

People, their relatives and staff told us they thought the service was well led.

There was a positive culture in the service.

Staff were motivated to develop and provide quality care.

Tamar Care Services

Detailed findings

Background to this inspection

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

The inspection took place on 19, 22 and 23 May 2017 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was made up of one adult social care inspector.

Prior to the inspection we reviewed the records held on the service. This included notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we reviewed four people's records in detail. We also spoke with seven members of staff and reviewed four personnel records and the training records for all staff. We were supported on the inspection by the provider.

Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who use the service, minutes of meetings and policies and procedures.

Following the inspection we visited three people and spoke with two people and three relatives by phone. We also received two emails from relatives with feedback about the service. We sought the views of a number of professionals who know the service well. This included a social worker and a district nurse.

Good

Is the service safe?

Our findings

People felt safe. One person told us, "The staff make me feel safe".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

There were arrangements in place to keep people safe in an emergency, for example if bad weather meant staff could not travel to their usual calls. The provider had identified which people would be a priority for the staff due to their needs or having no family or friends nearby who could help them. They had also identified which staff members lived closest to these people to help ensure their needs were still met.

People's safety was promoted by staff who understood how to help people feel safe at home. One staff member told us, "I like to think I'm approachable and people would tell me if they had any concerns." Support plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings.

Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. However, not all new staff members had provided a full employment history as required, and it was not always clear in what capacity referees had known new staff members. This meant the provider could not assure themselves new staff had the correct experience and characteristics to work with vulnerable people. The provider told us they would ensure this information was sought in the future. We also found one staff member had been able to start shadowing staff on visits to people before their Disclosure and Barring Service check (DBS) and references had been returned. The person was accompanied by another member of staff and was not providing personal care; but the provider had not assessed the risk of allowing them access to people's confidential information before they were assured the staff member was safe to work with vulnerable adults. During the inspection the provider decided they would not allow staff to visit people until their DBS and references had been returned. Following the inspection, the provider told us they had updated their recruitment policy to reflect this decision.

There were sufficient numbers of staff available to keep people safe. As far as possible, people had a designated team of staff who supported their needs. A relative confirmed, "Every effort has been made by the office team to ensure that my mother has a regular base of carers, which is important for her mental health."

People knew which staff members would be attending their calls as a rota was regularly sent to them which included pictures of the staff member for each call. A relative explained, "[The provider] told us if we didn't feel we got on well with any member of staff to let them know and they would make changes." The staff in

the office responded promptly and professionally to any requested changes. For example, one person's family member contacted the office during the inspection to inform them their relative did not feel comfortable being supported by young female staff members. This request was respected and staff discussed how this could be provided for the person. People confirmed the correct number of staff always attended calls and for the allocated time.

People confirmed they did not have missed calls, staff were rarely late and any delay to staff arriving was communicated to them. One staff member told us, "I hate being late. If I know I'm going to be late, I ask the office to call ahead and let people know. There's always someone on call in the evening and weekends too, if needed." Staff confirmed they had sufficient travel time between calls. During the inspection one staff member attended the office to request more travel time between two calls to help ensure they were not late. The office staff worked with them to make sure they were able to get to everyone on time without rushing. The provider logged any missed calls along with action taken and any learning that would help reduce the likelihood of it happening again.

Staff had a good understanding of how to keep people safe. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person who was at risk of falling had a walking frame to use and their care plan prompted staff to ensure this was always close by.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. One person who was assessed as at risk of fire due to smoking in their home received support to help ensure they were as safe as possible. For example, the person's care plan stated throughout that staff members should remind them not to smoke in bed and to ensure they were sitting on a fire retardant blanket before staff left. The provider had also sought further advice and the person's smoke alarm was now connected to their personal safety alarm which would alert an external organisation if they were unsafe.

Some people had support to manage their money or to do shopping. Records were kept regarding every transaction carried out on behalf of the person and these were regularly checked by senior staff. Consideration had been given to the safest way to support people with their finances, however, the risks identified and the safety measures in place had not been recorded clearly. The provider told us they would add these to people's records immediately.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. The provider maintained an overview of incidents and monitored whether any themes were emerging which needed further action.

Some people required assistance from staff to take their medicines. Staff who administered medicines had received training. People's individual support plans described the medicines that had been prescribed for them and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. One person confirmed, "Yes, they get my medicines right and they jot down what they've done in the folder."

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Comments from relatives included, "They know exactly what […] requires and how to do it. They seem very capable" and "The staff are all brilliant."

New members of staff completed a thorough induction programme, which included being taken through key policies and procedures as well as training, to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. A staff member explained, "When I first started, I was shadowed and I asked for extra time as it's different to roles I've had before. I was enabled to take more time." Office staff also explained they kept in regular phone contact with new staff members for the first month saying, "We ring throughout the week to see how they are." This helped ensure staff felt supported and any concerns were dealt with quickly. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

On-going training was then planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dementia training and end of life care. These courses were created and delivered by the service. Further courses were then created if and when people's needs changed. The staff member responsible for training told us, "I love my job. I enjoy creating courses." They spoke passionately about their role in developing staff knowledge and creating courses that were useful and engaging, telling us, "I try to use real life examples, where I can so it's meaningful for staff." One staff member told us, "The training is the best I've ever had. The dementia training was great." Following training, staff were asked to complete an evaluation form. The staff member responsible for training told us, "We reflect on and review the courses and then change and update them."

People told us they thought staff had the training and skills needed to meet their needs. One staff member explained, "They always say you can ask for training. I was asked during interview if there was any training I felt I needed. I requested training about working with people whose behaviour may challenge. I have just completed it and found it really useful. They do invest in us." People and their family and friends were also invited to join any training sessions they felt would be useful; and one person who used the service had been asked to be involved in providing training to staff.

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff members told us, "The provider and office staff are always at the end of the phone" and "If I was unsure about anything, I'd ask." Feedback received via a staff survey about the organisation included, "I feel very supported in every aspect of my work."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the

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

Where people had capacity to make their own decisions, this was recorded. However, one person had been assessed as lacking the capacity to make certain decisions and it was not clear how this decision had been made. For example, staff made decisions in their best interests regarding food shopping. A decision had been made in their best interests, with people who knew them well, regarding how best to support the person. However there was no record to state why this decision needed to be made for them. This meant their right to make their own decisions may not have been protected. The provider told us they would ensure this assessment was put in place.

We recommend that the provider consider current guidance on the Mental Capacity Act 2005 (MCA)

People and relatives told us staff always asked for their consent before commencing any care tasks.

People told us they were able to make choices about what they had to eat and drink and an emphasis was put on supporting people to eat and drink enough to maintain their health. For example, one person's care plan required staff to leave finger foods for them to nibble on when staff had left and all care plans reminded staff to leave people with plenty of drinks or fluid heavy foods to help them stay hydrated. People confirmed that when they needed staff to leave them drinks, this was always done. Where people were living with dementia, information from the Alzheimer's society had been included in their care plans to advise staff on how best to support them to eat and drink. Records were kept where necessary of how much people ate and drank and concerns about people's weight were highlighted and referred to a healthcare professional, if necessary. People had also been referred appropriately to the dietician and speech and language therapists when staff had concerns about their wellbeing.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff monitored people's health, sought further advice when necessary and were available to support people to access healthcare appointments if needed For example, one person had recently been supported to see their GP due to them falling more and becoming increasingly confused. An email sent by someone's relative confirmed, "On a number of occasions they have drawn things to my attention which have needed to be dealt with and I believe prevented a serious injury developing."

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "They look after me very well" and "The care is brilliant and so is their attention to detail. It's like a fairy's been here when they've gone. They do things without me even noticing!" Feedback received by the service stated, "The staff that visit are very professional, friendly and caring", "The staff are kind and lovely" and "I felt well cared for and important."

Staff spoke about people in a caring way and people's care plans reflected the caring nature of the staff and service, For example, one person's care plans stated, "[….] is fondly known by support workers as 'sunbeam'."

People and their relatives were treated with kindness and compassion in their day-to-day care. One person told us, "They always have time for a chat. I probably hold them up a bit!" Staff sometimes went beyond the requirements of their role to help ensure people and relatives had their needs met. For example, one staff member had ordered a heat pad for someone to ease discomfort in their back. They had also left instructions for other staff members about how to heat it up for the person. Relatives gave further examples of staff going above and beyond telling us, "My mother has been in hospital recently and a member of staff took time to visit her" and "When I'd hurt my wrist, [the provider] told staff, if there was any time left after they'd provided care for my husband, they were to help me too."

People and relatives told us staff had got to know them well. Staff were able to tell us about individuals' likes and dislikes, which matched what people told us and what was recorded in individuals care records. One person explained, "Once they know my routine, it's so lovely because if I'm poorly, I don't need to tell them what needs doing." Relatives confirmed, "The staff know exactly how […] likes things" and "[…] has the same four or five carers and they know him very well. When they're new, they have a little chat with him to find out what he likes." A social care professional reported that staff understood the need to build a strong rapport with people as this sometimes helped enable relatives to have a break from caring for their family member.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. People told us, staff listened to them and took appropriate action to respect their wishes. One person explained, "If there's anything I don't like, they listen. They're on my side."

People told us staff were respectful of the fact they were in someone's home. One staff member explained, "I always ask when I go in, if people want me to take my shoes off. I also ask them exactly how they want things doing." A person confirmed, "They know where I like things leaving. It's a routine and I find it ideal."

Staff respected people's privacy and dignity and were aware of confidentiality when visiting people. One person explained, "Staff only stay in the bathroom when I need them to be but are nearby to make sure I'm safe." Staff informed us of various ways people were supported to have the privacy they needed. For

example, one staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. Feedback received by the service stated, "Staff showed respect and dignity and I could always talk to them."

People and relatives told us that people were encouraged to be as independent as possible. One relative explained, "[…] still washes himself as much as he can. He's still involved, even if it's just squirting the soap onto the carer's hand."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Where people had made advanced decisions these were respected and where necessary, people and staff were supported by palliative care specialists. The staff member responsible for training told us they had recently developed a new course for staff about how to care for people at the end of their life.

The provider showed us a memory book which was held in the office. This enabled staff to share their memories of people who had passed away. The provider told us, "We always attend people's funerals too, if we're invited."

Good

Is the service responsive?

Our findings

Relatives told us they felt staff were responsive to people's needs. Comments included, "The staff are wonderful with [….] and Tamar care services have been a huge help" and "Mum seems to be very happy and finds the staff very helpful." Several compliments received by the service stated that people's health had improved since receiving care and support from the company. A social care professional confirmed the staff provided individualised care and were creative in the way they met people's needs.

People had care plans that clearly explained how they would like to receive their care and support. These included people's specific wishes about how they chose or needed to be supported and their preferred routines. For example, one person's care plan described what hair products they used and that they preferred a wet shave; another person's stated which side of the bed they slept on. Care plans also included information about what things that were important in people's lives, anything the person wanted to achieve and information about their life history. For example, one person's care plan stated, "My cat is my most treasured possession." This helped staff understand the person as an individual and tailor the way they supported them to suit their needs. People confirmed support plans were kept up to date and contained all the information staff needed to provide the right care and support for people.

People were involved as far as possible, in planning their own care and making decisions about how their needs were met. A relative told us, "Mum couldn't answer all the questions accurately but [the provider] still addressed her and asked her questions about how she liked things."

People and their relatives confirmed people's needs were reviewed regularly and as required. One staff member told us, "If we report that someone's needs are changed, a review is done promptly and their records updated." A relative of someone who had recently started using the service explained, "They told us they'd review the care in six months' time." Records clearly showed what had been amended or updated; this made it easier for staff to keep up to date with any changes.

Records completed by staff members helped ensure important information was shared, acted upon where necessary and people's progress monitored. A relative explained, "The visit folder that is kept at [….]'s flat is always comprehensively completed by the carers and the MARs (Medicines administration records) sheet updated and accurate." A person added, "Whenever staff change over there is never a hiccup. They know what's happening."

The service was flexible in order to ensure people received support at the time they needed it. During the inspection, we heard discussions with people and between staff members about various people who wanted their visits at different times so they could attend leisure activities or medical appointments. People confirmed the staff they spoke to in the office were co-operative and listened to their requests.

People were empowered to make choices and have as much control and independence as possible. One person's relative told us they often heard staff saying to their family member, "It's what you want, not what we want!" Another person explained, "Depending on how well I am, I can do more, or less for myself. They

know the times that I'm struggling and will help out more."

People were supported to follow their interests. Individual preferences were recorded in people's care plans, for example, one person's care plan stated, "I like to walk, go out for coffee meet people and socialise." Staff and relatives confirmed people were supported to continue doing things they enjoyed. There were also some activities, such as reminiscence photos and boxes full of items people enjoyed 'fiddling' with, available in the office for staff to use with people.

People's concerns and complaints were encouraged, investigated and responded to in good time. A recent newsletter stated, "This is your service and we want to get it right for you. So please do always speak to us if we can help at all." The provider told us concerns were dealt with promptly and they felt this helped reduce the number of complaints received. Relatives confirmed, "Any concerns I have raised have very quickly been resolved" and "They have been very approachable and taken on board any issues. For example staff just word things differently to my family member now and things have improved for her."

People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. People we spoke with told us they had no complaints about the service. The provider completed an analysis of complaints to help them identify and take action if any trends developed.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well led. Comments included, "I would not hesitate to recommend Tamar Care to anyone seeking a care agency that is reliable, approachable and above all does care about the quality of staff employed and the service that they deliver to the end user", "This agency tops the lot", "We've fallen on our feet with them." Feedback received by the service included, "[…] says she is thankful to have found such a good company", "It is such a caring company and amazing to work with" and "The level of service and its delivery were excellent in all aspects."

The provider took an active role within the running of the service and had good knowledge of the staff and the people receiving the service. Staff told us they enjoyed working for the service and felt it was well led. Comments included, "I wouldn't move!" and "It's the best company I've ever worked for." Another staff member sent us an email stating, "It is the best company I have worked for and no matter what time of day it is, [the provider] is always there to support us." A person told us, "[The provider] must have an excellent way of taking on the right staff." A relative added, "The staff always seem happy. Whenever they talk about the office or training they need to do, they never moan."

People, visitors and staff all described the management of the service to be approachable, open and supportive. The provider told us, "We love to see our staff!" and throughout the inspection, staff popped in to the office to drop off paperwork or amend shifts. Each staff member appeared to enjoy having a catch up with the provider about their work and personal life. Feedback received via a staff survey about the organisation included, "I feel Tamar Care Services has integrity and cares for staff and service users." A relative confirmed, "I think [the provider] cares about the staff and the customers."

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. One relative explained, "[The provider] told us they're always at the end of the phone if we need them."

Staff told us they were encouraged and supported to question practice. Staff received regular support and advice from managers via phone calls, one to one supervisions, spot checks and team meetings. Team meetings were regularly held to provide a forum for open communication. Compliments received about the service or individual staff members were also shared at this time.

A social care professional confirmed the provider and senior staff were open and called for advice whenever appropriate. They told us the service worked in partnership with them, followed advice and provided exactly what they had requested.

The provider and senior staff carried out quality assurance activities to drive continuous improvement within the service. Areas of concern had been identified and changes made so that quality of care was not compromised. People, relatives and staff were regularly asked for their opinions of the service via a questionnaire and the provider also requested people's feedback about the staff and service via phone calls and the service's newsletter. Any changes or actions taken as a result of these were recorded to aid learning

and drive improvement across the service. People and relatives we spoke with told us they couldn't think of anything the service could do better.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. One person confirmed, "If I raise a concern, the provider always admits the error and apologises." 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.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.