

Tate Care Limited

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tate Care Limited is a domiciliary care agency providing personal care to adults living in their own homes. During our inspection visit, the service was caring for 10 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities, that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

We found widespread shortfalls in the way the service was managed, in particular a lack of management oversight. There was a risk of people receiving inappropriate care.

Whilst people told us they felt safe with the staff supporting them, we found extensive concerns about how the service was managed and several issues in relation to safety of the care provided. Care visits were not always being completed on time or for the full duration they had been planned for. Medicines were not always well managed. We could not be sure equipment staff used to lift and move people was safe to use. Although staff were confident to report safeguarding concerns, they were not aware of whistleblowing procedures to follow if they needed to report concerns outside the service.

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. However, there was no evidence of recording of relevant discussions and decisions about the care of people who lacked capacity to make decisions. This meant the provider's policies and procedures in this area were not being consistently followed.

Right Care:

Care plans were not always complete or lacked relevant details about people's care needs. However, people and relatives told us staff treated people with dignity, respect and in a person-centred way. Staff were kind and compassionate.

Right Culture:

We found widespread concerns in the way the service was managed. The service operated in 3 different local authorities and evidence reviewed showed the management structure in place had not been effective in providing adequate and safe oversight. The provider failed to implement effective processes to monitor the quality of the service, drive the necessary improvements and to identify the issues found during our inspection. Records were not always accurate and complete.

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

Rating at last inspection

This service was registered with us on 16 May 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tate Care Limited

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

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the registered manager would be available to speak with us.

Inspection activity started on 19 September and ended on 4 October. We visited the location's office/service on 20 September.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding teams and commissioning teams from Leeds, Westmont & Furness and Cumbria. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with 3 people using the service, 4 relatives of people using the service. We spoke with 5 staff members; including care workers, senior care workers and the registered manager.

We looked at care records for 5 people using the service including medicine administration records. We looked at training, recruitment, and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

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

- Risks to people's care were not always managed safely.
- Care visits were not always completed on time and staff did not always stay for the full duration of the care visits. This increased the risk of harm to people. The monitoring system in place was not used consistently in all areas and it had not always been effective in alerting the management team when care visits were not being done on time. We asked the registered manager to review how this area was being managed to ensure calls were done timely and safely.
- Risk assessments lacked detail about essential areas of people's care. For example, one person required staff to move them using a hoist; this person's moving and handling risk assessment and care plan did not detail which equipment was used and how it should be used. Another person who was at risk of having seizures but the health information in their care plans did not explain what staff should do to manage such an incident.
- We could not be assured equipment used by staff to support people with their moving and handling requirements was safe to use and complied with the Lifting Operations and Lifting Equipment regulations. We asked the registered manager to take immediate action to address this issue.
- We found a lack of evidence that the registered manager was reviewing incidents, accidents and complaints and using this information to ensure recurrent issues, for example with late care visits, did not reoccur.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People shared positive feedback about the safety of their care. Their comments included, "I feel I do very well with the company, and they keep me safe" and, "They are usually good timekeepers and they usually ring me up if they are going to be held up in their previous call."
- Relatives comments included, "My relative is quite happy with the carers and feels safe with them. I would rate the service 10/10. They are always on time, always very nice and genuinely want to support my relative's needs." Other relative added, "The staff are generally reliable, but there have been a few issues with the rota, and they have been late sometimes, but they try and let [person] know".

Using medicines safely

- Medicines were not always managed safely.
- People who were in receipt of medication did not always have a medicines risk assessment and care plan.

Following feedback, the registered manager showed us this had been put in place.

- We could not be assured people always received their medication and creams as prescribed. For example, one person required a medicine to manage their pain levels to be given within a 12-hour gap, records did not confirm this was always happening. We asked the registered manager to take immediate action to ensure medicines were always given as prescribed.
- During our site visit, we could not confirm all staff had completed their medicines competencies assessment. After the inspection, the registered manager sent us additional evidence that showed staff had completed these.
- Medication audits provided had not identified the issues found during this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance of management of medicines. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There was a whistleblowing policy and procedure in place but in our conversations with staff we found they were not aware of how to escalate concerns outside the service. We reported these concerns to the registered manager.
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.

Staffing and recruitment

- Most aspects of staff's recruitment were managed safely. However, we found some examples of employment gaps which had not been explored and interview notes were not always made available.
- The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience needed to support people using the service.
- There were enough staff employed to safely care for people.
- People and relatives told us care was provided by a consistent staff team who had established good relationships with people. Comments included, "It's been very consistent with the same carers the last few months and my relative has built up a strong relationship with them."

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in this area.
- People and relatives confirmed staff used PPE during delivery of care.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff lacked knowledge about MCA and did not correctly follow MCA legislation.
- The provider was not always following their own policies and best practice guidance in relation to the MCA. However, we did not find evidence that people who lacked capacity to make decisions about their care were receiving care that was not in their best interests.
- Mental capacity assessments were not consistently completed. Records did not always show who was involved in the decision making and if relatives had Power of Attorney to make decisions.
- The registered manager had been advised to review their knowledge and application of MCA during a CQC monitoring activity, however, during this inspection we found they continued to lack understanding about the MCA and associated code of practice.

This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not always ensuring that consent to care was always being assessed or recorded for people who lacked capacity to make decisions about their care. This placed people at risk of harm.

- People and relatives told us staff asked consent before supporting people with care.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported to carry out their role.
- Staff had received mandatory training online in relevant areas of care as part of completing their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they did not always have opportunity to have a 1:1 supervision meeting with management, but confirmed they regularly attended team meetings. The registered manager told us these meetings were recorded as group supervision. This was in line with the provider's supervision policy.
- Staff told us they had completed an induction and shadowed experienced members of staff before starting to work on their own.
- People and relatives told us staff knew people well and were skilled in delivering care. Their comments included, "I'm confident in they [staff] definitely have the right training to carry out the tasks" and, "My relative has poor mobility. The carers do a good supporting role for my relative's confidence in [their] mobility."

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

- People's nutritional needs and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration.
- People and relatives told us staff supported them according to their preferences and offered choice. Comments included, "I order food online and the carers prepare it for me" and, "My relative is really satisfied with the food [they] get. [Person] changes [their] food likes often, but the carers can adapt to that."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before the service began to provide care and support.
- People and relatives were confident staff would contact healthcare professionals if required.
- Staff and management knew who to contact should a person's health decline or where additional support with people's health and social care needs was required.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There was limited evidence that consideration of the equality characteristics relating to the needs of people or staff had been taken. For example, the specific support people required due to their disability or health condition.
- Staff were caring and compassionate. People and relatives told us they were supported by staff who were kind and caring. One person commented, "I think the personality of the carers are very friendly, cheerful and brighten up the day."
- Relatives were pleased with the support provided by staff and their approach. Comments included, "The staff look very confident and professional in undertaking the care. They are gentle, nice and attentive, what more can I say." Another relative said, "I would describe them [staff] as brilliant human beings."
- Most care plans included people's views about how they wished to be supported.

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

- The provider had not ensured staff had the right skills and knowledge to support people who might lack capacity, to express their views.
- There was lack of assurance in how people were involved in planning their care. Although records did not always evidence how people had been involved in designing and reviewing their care, people told us they were involved and felt their views were respected. One person said, "I have a care plan and it gets reviewed from time to time. "They [staff] always do things straight away if you have any special requests."

Respecting and promoting people's privacy, dignity and independence

- The service did not always ensure that care visits were organised in a way that people received timely care and support as planned according with their needs.
- People and relatives told us staff were respectful towards people. Comments included, "I'm treated with respect and dignity at all times" and, "My relative is definitely treated with respect and dignity."
- Staff encouraged people to remain independent. One person told us, "The carers promote my independence by encouraging me to keep mobile by moving around the house".
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care. This demonstrated people's care was always dignified and respectful.
- The registered manager told us people's records were kept securely in 3 office locations, in locked areas, and electronically could only be accessed using coded log in details.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive person centred care. Most care plans were centred around people's needs and preferences however, we also found inconsistencies and areas that required additional detail. For example, staff told us about the challenges they faced to provide safe care to a person who lived with dementia. This person's care plan did not provide detailed guidance for staff how to deal with these known areas of risk. We discussed these issues with the registered manager, and they told us they would review these people's care plans.

Systems were either not in place or robust enough to demonstrate good governance of people's records of care. This placed people at risk of their needs not being met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were in receipt of end-of-life care did not have a specific care plan for this area. Evidence reviewed did not show staff had received training to care for people at the end of their life.
- In our review of care for people with end of life care needs, we found people had been prescribed with medication to manage their pain, where appropriate. There was ongoing support with specific areas of risk, such as skin integrity. The registered manager and staff told us they had ongoing communication with the various healthcare professionals involved in the care for people who required end of life care.
- Feedback from people and relatives was positive about staff delivering person centred care and being flexible to people's needs.

Meeting people's communication needs

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

- The Accessible Information Standard was not always being followed. Although the registered manager told us they could provide information to people in various formats, we found that no specific communication care plans had been developed for people with communication needs. We asked the registered manager to take appropriate action to review this.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place, and the registered manager showed us some examples of when this had been followed. However, we did not find evidence that complaints received were being used to improve the service. For example, we found complaints had been made in relation to staff not arriving on time or staying for the full length of the care visits, and we continued to find issues in this area during our inspection.
- People and relatives had access to the service's complaints procedure and knew how to make a complaint, should the need arise.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- People did not receive consistent safe and person-centred care due to widespread failings in the management and oversight of the service.
- The service operated across 3 different local authorities several miles apart from each other and evidence reviewed showed the management structure in place had not been effective in providing adequate and safe oversight. There was a significant lack monitoring of the service and as a result the provider had not identified risks relating to people's care, managing medicines and consent to care.
- The provider was not reviewing accidents, incidents, complaints and using this information to learn lessons and avoid reoccurrence of incidents, such as late care visits. This shows a failure to assess, monitor and improve the quality and safety of the service.
- We found several concerns around the quality and accuracy of the records. For example, in relation to risks to people's care, medication and care planning.
- Quality assurance processes had not been effective in identifying the issues found at this inspection and in driving the necessary improvements. We found audits had either not been completed, or those completed had not identified issues found at this inspection, such as medication audits.
- The provider's knowledge and understanding of regulations, best practice guidance or its own policies and procedures was limited. This impacted on their ability to meet the fundamental standards and placed people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager collaborated with this inspection, was receptive to the inspection findings and acted on the issues found or told us the action they would take to address the issues identified.
- Some people and relatives told us they had not had any contact with management; others told us the manager was friendly and approachable.
- Staff told us they enjoyed working for the company and were satisfied with the additional support they had received or still received with accommodation, living expenses and access to a car.

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

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

- The leadership of the service did not implement an equality, diversity and human rights approach and people's needs were at risk of being frequently overlooked because their specific needs were not always well understood and detailed guidance available to staff.
- Although a summary of a survey sent to people was provided as part of this inspection by the registered manager, people and relatives told us they had not been asked to complete a survey or a questionnaire by the provider.
- People and relative told us care received had a positive impact in their lives.

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

- The registered manager understood their responsibility under the duty of candour. In our review of some complaints, we found examples of issues of concern being discussed with relatives and apologies given, when appropriate.

Working in partnership with others

- The registered manager told us they maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as district nurses and GPs.

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 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments and best interest decisions were not being recorded for people who lacked capacity in relation to specific areas of their care.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's care and medicines were not always well managed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems in place were ineffective to ensure there was an appropriate oversight and safety at the service. Records were not always accurate or complete. Quality assurance systems in place were not effective or being completed.

The enforcement action we took:

We issued the provider a Warning Notice.