

Tamar Care Services Southwest Ltd

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

About the service

Tamar care Services are a domiciliary care agency providing the regulated activity of personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 72 people receiving the regulated activity of personal care.

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

People received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. People and their relatives described staff as friendly, polite, and respectful. People were treated with kindness and compassion.

Risks associated with people's care, support and environment had been identified and assessed. However, risk assessments lacked detailed information about how the risk was being managed and mitigated. We made a recommendation about this.

People's needs were assessed before the service began to ensure they could be met by the service. Care plans were written in partnership with people and their relatives. However, whilst some care plans were detailed and person centred, others contained minimal information. This was being addressed by the registered manager at the time of the inspection.

People and relatives told us the service was well-led and they spoke positively of the registered manager. The culture of the service was open and transparent, and staff told us they felt supported and motivated by managers to provide the best care for people they supported.

The provider and staff strove to continuously learn and improve care. This had led to the service winning a prestigious award of excellence in the provision of personal care in a home setting.

People and relatives felt safe with staff. Safeguarding procedures were followed, and staff knew the signs to look for if they suspected abuse and how to report concerns.

Safe recruitment practices ensured that people were supported by staff of suitable character. People told us there were enough staff available to support them and meet their care needs. Staff were punctual and stayed for the expected length of time.

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

People and their relatives told us they were happy with how they were supported with their medicines. Systems were in place to ensure medicines were administered safely and as prescribed.

People received care from staff who had received infection control training. Staff were provided with adequate supplies of personal protective equipment (PPE) and we saw staff using these in line with guidance.

People were supported to maintain a healthy diet where this was part of their care plan. People received support to access health care services where required.

People and their relatives were asked for their views about the service they received and were aware of how to complain if they needed to.

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 15 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

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?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well-led findings below.

Tamar Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector 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. The Expert by Experience gathered feedback about the service from people and their relatives via the telephone.

Service and service type

This service is a domiciliary care agency. It 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 Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from local authority who work with the service. We reviewed the information the provider sent to us in their Provider Information Return (PIR). 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 met with five people in their homes and spoke with four people and eight relatives by telephone about their experience of the care provided. We spoke with ten members of staff including the registered manager, supervisors and care workers. We reviewed a range of records, including five people's care records and medicines records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed. We received feedback from a healthcare professional who works closely with the service and reviewed the provider's policies and procedures.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. However, risk assessments lacked detailed information about how the risk was being managed and mitigated. This meant that staff may not have enough information to reduce and prevent risks to people's health and welfare. We spoke with the registered manager about this who told us this was an area they had identified that needed improvement. Plans were in place to review and develop all risk assessments to ensure they contained enough detailed guidance for staff to follow.

We recommend the provider seeks advice and guidance from a reputable source in developing risk assessments that contain detailed information and guidance about how risks are being managed and mitigated.

- People were supported by regular staff who knew them, and their support needs well. We observed staff worked safely and knew what actions to take to minimise risks.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person said, "Yes, I do feel safe with any of the carers and especially with my main one. No problems at all."
- Staff had received safeguarding training and understood their responsibilities to report any concerns they had about people's safety and welfare.
- The registered manager had a good knowledge of safeguarding procedures and understood how to raise any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated appropriately.

Staffing and recruitment

- People told us there were enough staff available to support them and meet their care needs.
- People told us staff were punctual and stayed for the expected length of time. Some people told us on the odd occasion staff were late, the staff member or the office would call them. No-one reported a missed visit and people felt confident that this would not happen. One relative told us, "They usually phone to tell my relative if they're running late; it's reassuring to know they are going to turn up."
- The service used an electronic scheduling system to produce a rota in advance to ensure people had the assessed support when they needed.
- The service had a robust way of tracking when staff had called in and out of visits through an application on their mobile phone. Managers were able to closely monitor the safety and whereabouts of staff using this system and received alerts if staff were running late.

- Staff told us they were given time in-between calls to allow for travelling from one care visit to the next.
- The provider's recruitment procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working for the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (police record check).

Using medicines safely

- Systems were in place to ensure medicines were administered safely and as prescribed. The registered manager told us they were working with senior staff to improve medicines auditing to ensure people received their medicines when they needed them.
- People and their relatives told us they were happy with how they were supported with their medicines. One person said, "When they come, the carers put my medications in a dish and give them to me, including some they have to dissolve in water. They sign for each individual tablet they give me and watch me take them; they put it on the MARS chart."
- Staff received training in the safe handling of medicines and received competency checks to ensure they were competent.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- People received care from staff who had received infection control training.
- The provider made sure an adequate supply of PPE was available to staff.
- The management team checked staff were using PPE appropriately during spot checks they conducted.

Learning lessons when things go wrong

- Systems were in place to assess accidents and incidents. There was a log to record accidents and incidents which included monthly analysis to monitor and reduce further incidents.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before the service began to ensure they could be met by the service.
- The assessment considered their medical history, medicines, personal care, and how the person would like to receive care and support.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disability and religion.
- Records showed that regular reviews took place to ensure people using the service had their needs assessed in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care.
- Staff told us training was of a good standard which helped them to effectively support people and meet their needs. One said, "The training is good. We now take part in yearly training and most of it is all online. Some of it is degree level and it is really great information especially the medication training. It is good to have that awareness."
- The registered manager told us they were developing staff training further and planned to have more face-to-face training to give staff the opportunity to ask questions and discuss topics.
- New staff received a comprehensive induction which included training and a period of working alongside a more experienced staff member on their care visits.
- Staff told us they felt supported and received regular one-to-one supervisions and appraisals.

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

- People's needs around eating and drinking were recorded in their care plans and people were supported to make sure they received good nutrition and hydration where this was part of their care package.
- Staff were aware of people's dietary needs and people who required specialist diets were supported appropriately.

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

- The registered manager had good working relationships with health and social care professionals which supported people to receive effective care. The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, and GPs.

- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.
- One person told us about how staff supported them when they were unwell; they said, "I've been taken ill a couple of times when a carer was here and she was brilliant. She phoned my relative straight away after phoning the paramedics and phoned a neighbour too. She stayed with me until my relative arrived."
- One health professional told us staff always alerted them to any concerns and followed instructions given to them.

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.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.
- Staff understood the importance of gaining consent and involving people in decisions about their care. A relative told us, "They always tell my relative exactly what they're going to do and give him chance to refuse."
- Information in care plans, demonstrated staff's knowledge of the MCA and how they put it into practice. Staff received training in the MCA.

Is the service caring?

Our findings

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

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

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

- People and their relatives described staff as friendly, polite, and respectful. People were treated with kindness and compassion. Comments included, "My relative says the carers are all very nice; she's very positive about them", "My main carer is an absolute diamond. They're all nice girls and fellas" and "They're very good – friendly, helpful and very supportive."
- When we visited people's homes, we observed staff provided kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us they felt comfortable with the staff that visited and staff did not rush them. One person told us, "The care is fantastic. There's a lot of young carers but they're very mature [in attitude]. Some, I can really open up to and they listen."
- Staff knew people well and described how they had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.
- Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices.

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

- People were offered choices and were involved in decisions about the care they received. For instance, about the time and duration of their care visits and their preferred gender of care staff. A relative told us, "We asked for [person's name] not to have male carers for personal care. They're very good at making sure it's only women, especially since [registered manager's name] took over."
- Care plans reflected the decisions and choices people had made about how and when they wanted their care and support provided.

Respecting and promoting people's privacy, dignity and independence

- Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care. One person told us, "When they get me out of bed, there's always a towel to cover me and they know that's how I prefer it."
- People told us that staff promoted their independence and respected their right to make choices for themselves. For example, staff understood which people were more independent and preferred to do certain tasks for themselves, such as, washing their own face. One person commented, "I'm treated as a person."
- People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach. One person said, "They never make me feel rushed, and they always take time to check that I'm okay to be

left."

Is the service responsive?

Our findings

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

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

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

- People told us they received personalised care and support that met their needs and wishes.
- People had care plans in place that provided staff with guidance about how to support people. However, whilst we saw some care plans were detailed and person centred, others contained minimal information. We discussed this with the registered manager who told us they had recognised their care plans needed to be more person centred and detailed and had sought advice and guidance to help staff achieve this.
- Staff we spoke with knew the people they supported well and were able to give details around how individuals liked their care to be delivered. Staff also confirmed care records contained information they required to assist people safely. One person told us, "Some carers I've had since I started three years ago. They all know my likes and dislikes."
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support them.

Meeting people's communication needs

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

- People's communication needs were assessed and documented in their care plan to ensure staff had relevant information on how best to communicate and support them. Staff knew people well and knew how each person communicated.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand. People were able to access information regarding the service in different formats to meet their diverse needs, such as, easy to read or large print text documents. For example, staff provided an audio care plan to one person who was blind.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints.
- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was included in the service user handbook that was given to people and their relatives.

End of life care and support

- People were given the opportunity to discuss their end-of-life care needs and wishes. At the time of inspection, the service was not caring for anyone approaching end of life.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. One family member told us, "What stands out is the care they give. Every carer who comes gives the full amount of time and sits down and gives [my relative] time for a chat."
- People and relatives told us the service was well-led and described the registered manager and management team as open, honest and approachable. One person commented, "I'm very happy; I don't think you could have any better than Tamar."
- We found the registered manager was enthusiastic and committed to providing a service to people that was individual and person-centred. People and their relatives spoke positively about the registered manager. One person told us, "We've spoken on the phone and she's [registered manager] very approachable, helpful and willing. She seems anxious to do a good job as a manager."
- The culture of the service was open and transparent. The registered manager promoted person-centred care within the staff team, and staff described how they were continuously motivated by managers to provide the best care for people they supported. One staff member told us, "We know we are doing the best we can, and we know what needs to be done and we'll do it."

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

- Quality assurance and governance systems to monitor the quality and the safety of the service were in place, regular checks were completed and were effective in identifying areas for improvements. For example, care plan oversight and audits highlighted the need for the care plans and risk assessments to be more detailed and person-centred. Action was being taken to address this at the time of the inspection.
- Checks and audit systems in place covered areas such as, medicines management, care plans and records, accidents and incidents, staff spot checks and practice observations.
- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive. One staff member said, "I know the office door is always open whether it be for work or personal issues, I know I can come here and can talk to [registered manager's name] about it all."
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service.

Continuous learning and improving care

- There was a culture of continuous learning and improving at the service. The registered manager told us since the service was registered with the commission in October 2021, they had strived to continuously grow and improve standards of care and support people received.
- The service had successfully recruited and doubled their staff team to respond to local care market demand.
- Investment into staff support and improving staff culture had led to a happy staff team and good staff retention. Staff achievements were celebrated, and staff were encouraged to pass on experience and knowledge.
- The provider had implemented an employee referral app that rewarded staff for recommending the service as a good place to work and allows the service to tap into hidden talent in the local community.
- Improvements had been made to induction and training programmes focusing on face-to-face teaching and teaching based around staff experiences.
- The provider had invested in technology to help improve the service. For example, the service was in the process of introducing an electronic scheduling system to improve care co-ordination. Staff at all levels were involved in testing the effectiveness of the app and have been able to send instant feedback to the developer.
- This continuous improvement had resulted in the service winning the 2022 LaingBuisson award of excellence in the provision of personal care or healthcare in a home setting.

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 the duty of candour requirements and ensured information was shared with the relevant organisations when concerns were identified.

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

- People were asked for their views about the service they received, this included in reviews of their care and speaking with people on the phone. The registered manager told us the management team regularly attended care visits where they had the opportunity to speak with people and their families face to face to ensure they were happy with the service they received.
- Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service, that communication was good and that they felt listened to. One staff member said, "It's my first job in care, its great and they are so supportive, and nothing seems too much trouble and they are always there if you are unsure of what to do in a situation."

Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice, providing a good quality service and the people in their care were safe. These included social services and healthcare professionals including general practitioners, and community nurses.
- Records showed that staff communicated effectively with health care professionals to ensure that people's needs were met.