

Tamar Care (London) Limited

Tamar Manchester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Tamar Manchester is a domiciliary care agency based in Radcliffe, Greater Manchester. The service provides support with personal care to people in their own homes and flats. At the time of our inspection there were five people using the service.

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

Medicines were not managed or monitored effectively. Records for medicines were not completed in line with good practice and we could not identify who had given them. Staff also had not been trained in the administer of medicines.

Staff were not always recruited safely. There were several documents missing from the recruitment and selection process to check if staff were suitable to work at the service, such as gaps in employment history unexplained and references not always being obtained.

Staff had not received training relevant to their role to enable them to carry out their roles effectively. Training was due to soon take place for these staff members after the provider signed up with an external e-learning provider.

The providers systems to monitor the quality and safety of the service required significant improvements. The shortfalls we found during this inspection had not been identified and addressed by the provider's own systems. The management team welcomed the inspection and were open and honest about the challenges they had faced, but confident these could be resolved.

People were supported to have maximum choice and control of their lives and staff did them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not consistently support this practice and we have made a recommendation about this.

The two staff we spoke with were aware of their responsibilities to record and report any concerns of abuse. However, the staff employed had not been provided with safeguarding adults training. We were assured staff would soon complete this.

Staff were kind and caring and went over and above when they could see that people required further assistance. One person told us, "The staff genuinely do care."

People received person centred care. Their care plans showed they had been consulted and involved in the care planning process.

There were enough staff to support existing care packages. The registered manager was not accepting any new care packages to avoid staff being spread too thinly. People were supported by a stable staff team, who knew them well.

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 3 January 2020 and this is the first inspection

Why we inspected

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, staffing and recruitment, and governance arrangements.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tamar Manchester

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had two managers registered with the Care Quality Commission, one of the registered managers was also the director of Tamar Manchester. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity took place on 22 March 2022 and ended on 24 March 2022. We visited the location's office on 22 March 2022.

What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority, however no feedback on the service was provided. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan

to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and one person's relative. We spoke with the registered manager, director and two care workers. We reviewed care records for two people and a number of daily notes. We reviewed multiple medicines records and medicines risk assessments. We also reviewed service records, including staff records for two care staff, proposed training documents and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training documents and other information the provider sent to us.

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 for 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.

Using medicines safely

- The systems in place to oversee medicines were not sufficiently robust. The provider did not have a system in place to audit medicines and failed to identify the shortfalls we found during this inspection.
- Medicine administration records (MAR) lacked detail. The care workers administering medicines to people would indicate 'T' on the MAR, this meant the person had taken their medicines. However, this process did not highlight the staff member who administered the medicines and this form of recording did not follow best practice.
- We also identified missing entries on some of the MAR viewed with no explanation why there were gaps, therefore we could not be assured people were receiving their medicines as prescribed.
- The four care workers employed at the service were still awaiting training in medicines and no competency framework had yet been established to ensure the staff administering medicines possessed the necessary skills and knowledge to do this safely.
- Furthermore, there was no auditing system in place to review the completed MAR's. This meant the provider could not be assured people were receiving their medicines as prescribed.

There was no evidence that the shortfalls in the management of risk and medicines had impacted on people however the systems in place were not robust and placed people at risk of harm. These shortfalls are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The registered manager was keen to introduce a new framework for medicines systems to ensure this was safe and in line with good practice guidance.

Staffing and recruitment

- Staff were not always recruited safely. There were documents missing from the recruitment process including a reference, interview notes, unexplained gaps in employment and no health declaration to consider whether any potential reasonable adjustments may be required.
- We were unable to see how staff had been managed and supported in their role due to a lack of induction. We established the four care workers were yet to receive training to ensure they were able to meet the needs of people that they were supporting.

The lack of robust records to ensure that staff had suitable recruitment checks in place before being employed and were suitably qualified, competent and experience was a breach of Regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Documents confirmed new staff had a clear Disclosure and Barring disclosure (DBS), to ensure the applicant was suitable to work within social care before they were employed.
- There were enough staff to complete people's support safely.
- Accepting new care packages had been kept to a minimum and the registered manager was open to the fact new packages of care would only be accepted if more staff were employed first, this was to reduce the risk of staff being deployed too thinly.
- The registered manager told us they would often support with visits if the service is ever short and staff were good at doing extra when needed. However, this had impacted on the registered manager being able to complete the necessary governance systems.
- Staff told us there were enough staff to support people and their schedule of visits were manageable.
- People and one person's relative told us there were enough staff and they were supported by staff who knew them well. This ensured consistency and trusting relationships to be built. One person told us, "The staff are great and never let me down."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Staff told us they would notify the office if they had any suspicions of abuse or concerns about people's welfare. We found there had been no safeguarding concerns raised about the service.
- However, we were concerned to learn during the inspection that safeguarding adults training had not yet been provided to the staff team. We were however assured that staff now had access to e-learning training and this course would soon be completed.

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

- Due to the size of the service they had not experienced a high number of incidents. We were assured the registered manager had the appropriate oversight.

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- Staff were provided with regular updates from the registered manager on the latest government guidance about working safely within the pandemic.
- Regular staff testing for COVID-19 was undertaken, to keep people safe and minimise the risk of transmission.
- There were ample supplies of personal protective equipment (PPE) which staff could collect or have delivered to them as needed.
- People told us staff wore their PPE when supporting them, which made them feel safe. One person said, "The staff know I can't afford to get this virus and they always follow the correct rules and will always put a new mask on when they support me."
- The provider had limited policies and procedures for the response to COVID-19. We have signposted the provider to resources to develop their approach and ensure their policies and procedures are in line with best practice.

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.

Staff support: induction, training, skills and experience

- Staff had not received induction or key training to the level that enabled them to support people and meet their needs well.
- We were informed the registered manager would discuss training to staff, however there was no formal process to evidence this, nor provide confirmation the registered manager had the necessary training qualifications to deliver this training. Therefore, we could not be assured staff had the necessary skills and knowledge to support people's individual needs.
- The provider recently employed a training coordinator and staff had been provided with login details to access bespoke e-learning training from an accredited training company. However, further arrangements needed to be made to ensure the staff team received practical moving and handling training.
- The registered manager told us they shadowed new staff for approximately two weeks before they could work alone and would explain aspects of the job. Although this approach could be considered good practice, this approach did not provide the necessary assurances that staff were suitably qualified, competent and skilled to meet people's care needs.
- Although the service had the care certificate booklets in place, these had not been completed by any of the staff team. 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.

Effective systems were not operated to ensure staff were suitably competent and had the support required for their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were offered choice and enabled to make decisions about their care. Records noted people's consent and agreement for the delivery of care.
- Staff had not yet received training in MCA, however e-learning for staff was due to take place.
- Although staff were yet to receive training in MCA, staff we spoke with understood the importance of asking for consent before supporting someone. One staff member told us, "I always make sure the client I am supporting agree to their care before I support them."
- The service had not yet needed to complete a mental capacity assessment (MCAs) for a person experiencing an impairment of their mind or brain. However, the providers policy and procedures on the MCA failed to indicate how the service would approach this.

We recommend that the providers processes around the MCA is strengthened to ensure timely MCAs are completed if they suspect people lack capacity and by whom.

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

- People told us they had been involved in their assessment and in care planning.
- Care plans were in place had sufficient detail and staff had a good understanding of people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans outlined the professionals who were involved in the wider care and support of the person. These included GP, community nursing support and any other clinicians.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of when they had contacted emergency services.
- Relatives told us the carers communicated with them and raised issues appropriately. One told us, "I have great confidence in the staff, they always do their best. Even small things such as picking up [person's name] medication from the pharmacy, which was a great help."

Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs had been assessed and they were encouraged to eat a balanced diet.
- Information was available about whether people had a normal or soft diet and their food likes and dislikes.

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

- There were some good examples of a caring approach by staff, particularly where there was a longstanding arrangement for care with good continuity. People and one person's relative said staff were kind and caring.
- Comments from people included, "The girls [care workers] are amazing, I cannot fault them and to be honest I would be lost without them" and "I have lovely staff and they're more like friends than carers."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us that they could express their views to the registered manager and provider, and they would act on the information and that staff and management were approachable. One person told us, "The manager is lovely, I often see her."
- Staff described how they encouraged people's independence by encouraging them to do what they could for themselves. For example, a staff member explained they would often ask the person to help with tasks within their home to ensure they could be fully involved as much as possible.
- Staff we spoke with were able to explain how they made sure people's privacy and dignity was respected, particularly when supporting them with personal care. One person told us, "Staff are very careful and always make sure I feel happy when they help me with my care."

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 received person centred care. Their care plans showed they had been consulted and involved in the care planning process. Care plans reflected their choices, likes and dislikes.
- People's care files contained meaningful information that identified their abilities and the support required. People's relatives confirmed people received support that met their individual needs.
- Care workers were knowledgeable about people's needs and could describe to us how people liked to be supported.

Meeting people's communication needs

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

- The provider confirmed they would be able to provide information and documents in various formats and alternative languages if required to meet people's communication needs. There had been no requirement to do so far, but the provider understood this must be made available if necessary.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. One complaint had been received and we found this had been responded to in line with the providers policy.

End of life care and support

- The service did not provide end of life care. The registered manager explained that they would ensure all care workers received the training and support that they needed to provide people with end of life care if the need arose.

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

- The provider's systems and processes for the management and oversight of the service were not effective and had not identified the shortfalls we found during the inspection.
- The service had not conducted audits and quality checks. The providers quality assurance policy and procedure lack detail in respect to what audits the service needed to complete and by whom.
- The provider and registered manager were not clear how to monitor or understand quality performance at the service. For example, they had not recognised concerns we identified in relation to poor medicines management, poor recruitment processes and there was a failure to ensure staff received an thorough induction and key training, considering two of the staff had never worked in care before.
- The registered manager also managed another location connected to the provider in Leeds two days a week and they would also regularly pick up care shifts to cover staff sickness or holidays. This meant there was additional pressures on the registered manager, which impacted the governance and oversight of the service.

The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture at the service that was person-centred, however given the ineffective governance systems and lack of training for staff we could not consider the provider to be well-led at this time. The provider and registered manager took on board our recommendations and made plans for improvements after the inspection. They acknowledged that they had required further support and guidance.
- During the inspection the provider informed us they were in the process of implementing an electronic system in order to make the service more efficient and support the provider to have oversight of the service.
- There was no evidence of continuous learning and improving care, however, the management team demonstrated they were open to suggestions for improvements and acted swiftly to address the shortfalls we identified in the service.

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 people and staff spoke positively about the provider. One member of staff told us, "We are a relatively new company and the owners are doing their best, but we know the training should have been provided a long time ago, but I know they will get it right."
- All staff we spoke with told us how approachable the manager was. One member of staff said, "The registered manager is very supportive and will often work alongside us."
- The registered manager was open and honest with us throughout the inspection and keen to learn and improve. They understood the need to be open and transparent and learn lessons when things go wrong.

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

- The provider carried out reviews to gain people's feedback of the service and drive forward improvements.
- The service worked in partnership with social workers, health professionals and relatives to support people's needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was no evidence that the shortfalls in the management of risk and medicines had impacted on people however the systems in place were not robust and placed people at risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The lack of robust records to ensure that staff had suitable recruitment checks in place before being employed and were suitably qualified, competent and experienced.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured there were effective systems in operation to ensure staff were suitably competent and had the necessary training required for their roles.</p>

