Ms Sally Brimicombe

# Tiger Lily Care

## Inspection report

3 Eden Road
High Halstow
Rochester
Kent
ME3 8ST

Tel: 01634253819

Date of inspection visit:
20 December 2017

Date of publication:
23 May 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Inadequate** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 20 December 2017. The inspection was announced.

Tiger Lily Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia and younger adults with a physical disability. The service was also available to provide personal care for children, however there were no children being provided with personal care when we inspected.

Not everyone using Tiger Lily Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection they were supporting 16 people who received support with personal care tasks.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA 2005) that included the steps staff should take to comply with legal requirements. Staff had a limited understanding of the MCA 2005 to enable them to protect people's rights. Care plans and documentation did not evidence that the MCA 2005 had been followed.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. People had opportunities to feedback about the service they received in an informal manner. However they were not given the opportunity to provide feedback anonymously.

People were supported and helped to maintain their health and to access health services. Timely action had not always been taken when people's health changed.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm.

Staff had not attended training relevant to people's needs. Supervisions for staff required improvement.

Medicines practice was not always safe. Staff had not received medicines training and had not had their competency assessed. Medicines had not always been recorded adequately.

People's care plans did not always make it clear how staff should meet their care and support needs. Essential information about people such as their life history, likes, dislikes and preferences were not included. Care plans did not always reflect each person's current need or specific healthcare needs.

People did not always know who to complain to if they needed to. The complaints procedure was available

in the office and in some people's care files in their homes. The complaints procedure did not give people all the information they needed to take their complaint further if they needed to.

People were not always clear how to contact the provider out of hours. We made a recommendation about this.

People were protected from abuse or the risk of abuse. The provider and staff were aware of their roles and responsibilities in relation to safeguarding people.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

There were suitable numbers of staff on shift to meet people's needs. The provider worked with people providing care and support on a regular basis. People received consistent support from staff they knew well.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People and relatives told us that staff were kind and caring. Staff treated people with dignity and respect.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

People and their relatives told us the service was well run.

We found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

The provider had not always assessed risks to people's safety. Risks had not been mitigated and staff did not have guidance about safe systems of work.

Medicines were not always managed safely. Medicines had not always been recorded adequately.

Staff knew how to recognise any potential abuse and so help keep people safe.

There were enough staff available to meet people's needs.

Measures were in place to minimise the spread of any infection. Staff used personal protective equipment to safeguard themselves and people.

### Is the service effective?

**Inadequate**

The service was not effective.

Staff had not received all of the essential training they needed to help them meet people's assessed needs.

Staff had not all received training in relation to the Mental Capacity Act (MCA). Staff were aware of how to support people to make decisions. No MCA assessments had been undertaken.

People did not always receive medical assistance from healthcare professionals in a timely manner.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

### Is the service caring?

**Good**

The service was caring.

People and their relatives told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and most people told us they were treated with dignity and respect.

People's information was treated confidentially.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Care plans were in place, these were not person centred. Care plans were not in place for all people's known and assessed needs.

Some people knew how to complain, others did not. Complaints information was on display in the service. However this did not give all the information needed to enable people to take their complaints further if they needed to.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Audits had not taken place to monitor the service. The provider had not been following their own policies and procedures.

The provider had reported incidents to CQC appropriately.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff felt the provider was approachable and would listen to any concerns. Staff felt well supported by the provider.

# Tiger Lily Care

**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.

This inspection took place on 20 December 2017. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 December 2017 and ended on 21 January 2018. It included visiting people in their homes and their relatives, shadowing staff on their care visits to observe practice in communal areas, telephone calls with relatives and telephone calls with staff. We visited the office location on 20 December 2017 to see the provider and to review care records, management records and policies and procedures.

The inspection was carried out by two inspectors.

We carried out the inspection because the provider had registered with CQC on 05 December 2016. We inspect new services within 12 months of them being registered.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with the provider and six staff. We spent time speaking with two people and one relative who received support from Tiger Lily Care. We telephoned three relatives to gain feedback about the care and support received. We sent surveys to people, relatives, professionals and staff. We received survey responses from two people and two staff.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners.

We looked at five people's personal records, care plans and medicines charts, risk assessments, staff rotas, also called staff schedules, six staff training and recruitment records, management records, policies and procedures.

We asked the provider to send us additional information after the inspection. We asked for copies of the policies and procedures. These were received in a timely manner.

Requires Improvement

# Is the service safe?

## Our findings

Each person's care plan contained basic information about their support needs. The care records did not always evidence that the provider had assessed risks to people's safety. Some care records showed that some people's home environments had been assessed for trip hazards and general safety. Fire safety had not been considered in these assessments; there was no record of whether people had smoke alarms fitted or whether they had been referred to the fire service's community safety team. People who used equipment to help them mobilise or transfer had not been assessed to evidence safe systems of work for the staff to follow. One person had been assessed as at high risk of falls. There was no risk assessment in place to show what staff should do to reduce this risk. There was no risk assessments in place to detail what staff should do if a person's catheter was not working correctly which put people with catheters at risk of harm. One person's care plan detailed that they sometimes resisted personal care. At such times they could push staff and may bite or kick out at staff. There was no risk assessment in place to detail what staff should do to keep themselves safe. A staff member confirmed they had been "donked on the head" by the person that day.

We viewed people's care files in their homes as well as the copies in the office. The copies did not always match up. One person had a risk assessment in their home dated 01 February 2017 which had been completed by the provider to show they were at risk of choking. There was no copy of this in their office. The risk assessment stated that the person had a history of coughing during and after eating and a history of choking. The risk assessment detailed that the person had not been referred to the Speech and Language Team (SaLT). We spoke with the provider about this, they told us that the person had previously been seen by their GP and by SaLT and their needs had not changed since.

Risk assessments were not always in place in relation to people's medical diagnosis. One person was diagnosed with epilepsy, there was no care plan and associated risk assessments to provide guidance and instruction to staff about how to provide care and support to this person when they experienced a seizure. This meant risks associated with injury whilst experiencing a seizure, or drowning or choking whilst having a seizure had not been identified.

The provider's policy in relation to personal emergency evacuation plans (PEEPs) stated that a PEEP would be completed for each person. PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. No PEEPs were in place. This meant that staff would not know how to safely evacuate people out of their homes in the event of a fire.

The provider had an accident book in place to record any accidents, incidents and injuries to staff. There had not been any. The provider told us that incident forms and body maps were completed when there had been incidents involving people. However, we found that this had not always happened. One person's care notes detailed that on 21November 2017 that the provider had observed 'bruising on left arm looks like finger prints'. There was no body map on incident form completed in relation to this and no other action taken. We viewed incident forms which had been completed when a person had fallen when transferring. Staff had logged what had happened but the provider had not reviewed the incident or taken action. Action

such as referring the person to an occupational therapist for assessment to see if there was any other equipment they may need to keep them safe at home.

Some people were supported by Tiger Lily Care to manage their medicines. Other people received support from their relatives. Staff confirmed they administered medicines for some people. The provider's 'training and competency on Medications Policy and Procedure' stated, 'Care workers who administer medication must be trained in the handling and use of medication and have their competence assessed prior to commencing any medication related activity'. Records evidenced that staff who administered medicines had not all had training. Only two out of six staff had received medicines training. There were no records to evidence that staff had been competency assessed to administer medicines. We raised this with the provider. They took immediate action and contacted a training provider to book a training course.

Staff made records of medicines taken on medicines administration charts (MAR) and medicines records. Some MAR charts showed that more than one medicine had been included in each column on the MAR chart, rather than a separate column for each different medicine. Some medicines were given twice a day and some were given once a day this could cause confusion as it was not clear what medicines and times staff were signing for. The MAR charts were weekly charts. Sometimes a new chart had not been placed in a person's home and so staff had written on the MAR in different places to evidence the medicines had been given. This was not easy to follow and could cause confusion and errors. One person's MAR charts showed that a code 'F' had been used for Ensure plus at 09:00 and 17:00 on the 18, 19 and 20 December 2017. The code descriptions at the bottom of the MAR chart did not state what 'F' stood for. We found MAR charts with hand written entries on them which had not been signed for by the person adding the entry or by a second staff member. The provider's medicines administration policy stated, 'Hand-written medication administration records should be produced only in exceptional circumstances, and created by a member of staff with the appropriate medicines administration training for the setting. The hand-written record must be checked and verified by a second member of staff with the same training before first use'.

People who were prescribed as and when required (PRN) medicines such as Paracetamol for pain relief were asked if they were in pain and whether they needed any pain relief. Protocols were not in place to describe why people may need the PRN medicine, what the maximum dose would be and how the person communicated that they were in pain or required the PRN medicine.

The failure to manage care and treatment in a safe way and failure to ensure that medicines were suitably managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff prompted and encouraged people to maintain their safety. Staff supported people to use appropriate equipment to enable their independence. They offered guidance to people to help them navigate around obstacles in their homes.

We checked that the provider was following safe practice. The provider's recruitment policy and procedure stated that all work history would be checked and all periods of no work will be investigated and noted. The policy also stated that the interviewer should record answers to interview questions. The provider had not followed their own policy and procedure in relation to recruitment practice. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Three staff files contained no applications forms. This meant that the provider did not have details of each staff member's full employment history. One staff member had a gap of one year from 2010 to 2011 which the provider had not explored. We were unable to see evidence that this had been discussed and addressed in interview as there were no interview records.

Four staff files had no photographs. References had been received by the provider for most employees. Some staff files did not contain employment references from each staff member's previous employer. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Identification to verify staff details such as name and address had not been checked for three staff.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and comfortable receiving care from staff working for Tiger Lily Care. All the people and their relatives told us that they had consistent staff providing their care. People told us they received a rota so they knew which staff would be visiting. People acknowledged that the rota was sometimes subject to change due to sickness. Comments included, "They turn up on time, sometimes they are late if they get held up at another person's home but [provider] gives us a call to let us know. They [staff] stay the full length of time"; "I am very happy with the girls [staff], they are the A team" and "I know who's coming we get a rota. We don't mind who comes, they are all brilliant". People that we surveyed all told us they felt safe from abuse or harm.

Tiger Lily Care employed enough staff to cover the care packages that were in progress. Rotas and schedules showed that people had consistent staff working with them. People also confirmed this. The rotas did not show there was travel time between the care calls. We spoke with the provider about this and advised that this needed to be built in. The provider agreed to do this. The provider carried out a number of care visits on a day to day basis. The provider told us that they were in the process of recruiting additional staff to enable the service to take on more packages of care.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the provider. Staff were confident the provider would deal with any issues taken to them for their attention. One staff member said, "She [the provider] is very diligent with things like that". Staff were not all sure who they could go to if they were unable to get hold of the provider. Staff had access to the providers safeguarding policy. The service did not have a copy of the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to provider and managers about their responsibilities for reporting abuse. The provider downloaded a copy of the policy during the inspection so they had the relevant information.

Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves, aprons and hand gel. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

Staff told us that the provider was always on call and would be available if they needed help or support. Some relatives told us that the provider had gone on holiday. They had not been given details about who to contact. A staff member confirmed that this had happened, however they said that they had contacted them by telephone whilst they were on holiday and had their queries answered.

We recommend that the provider makes it clear to people and their relatives the emergency and contact arrangements relating to the service if they take a holiday.

Inadequate

# Is the service effective?

## Our findings

Staff had not attended training relevant to people's needs. For example, one person was diagnosed with epilepsy. Staff had not had training in this area. Epilepsy training would give staff information about the different types of seizure activity and what action they should take to keep people safe. Staff provided care and support to people who had catheters fitted. Training records showed that only one staff member had completed training in this area. During the inspection we observed two staff visit a person to provide their care. The person required help to empty their catheter bag. The staff member supported the person to do this and remarked to the person that the urine was red and stated there was blood in it. The other staff member present stated that it had been like that at an earlier call too. Because the staff lacked training in this area, they had not recognised the importance of dealing with the concern in a timely manner.

Staff said that they received some training to support them in their roles. The staff training records showed that three staff had attended safeguarding adults training, three staff had completed safeguarding children training, and one staff member had not completed any safeguarding training. All six staff had completed moving and handing training, four staff had completed dementia awareness training, infection control and first aid. Some of the courses completed were through a training company. Staff confirmed that they completed some of these courses online and confirmed they could ask for additional courses if they needed it. Some of the training certificates in staff files were produced by the provider. We asked the provider about this and they explained they carried out some of the training for staff. The provider did not have a teaching qualification or training to enable them to do this safely.

Staff completed an induction when they started to work at Tiger Lily Care. One staff member told us that their induction included formal training and shadowing experienced staff. Another staff member said, "[Provider] checked with me to see if I was confident to do things on my own". Staff confirmed that they were in the process of completing the Care Certificate. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life. The provider explained that they hold group training and support sessions to provide guidance and support staff with their care certificates and work related qualifications. Some staff told us they received supervisions from the provider when the provider joined them on a care call to provide care to people who required more than one member of staff. They said that the provider gives them feedback about the observations. Records of these observations were held at the office in the staff files. We found meeting records where relatives had met with the provider to discuss practice issues such as staff talking over their family member when providing support. The issues had been addressed but there was no formal record that the provider had met with staff to formally discuss their practice and how they should improve.

The failure to ensure staff received adequate training is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. However, we observed that staff did not always take timely action to address people's

health needs. One person's care records evidenced that they had fallen. Instead of seeking medical help to get the person checked over a staff member had called the provider. During the inspection one person's catheter bag was observed to have blood in as well as urine. One of the staff members told us that there was blood in the urine earlier in the day too when they had provided the lunch time call. The staff members working with the person did not take appropriate action to gain medical help for the person. A staff member told the person "I will ask [the provider] to call the doctor tomorrow". We were concerned about this and made contact with the provider to advise them to seek medical assistance for the person immediately.

Another person's care records evidenced on 30 October 2017 that they were very confused and their urine was bright yellow in colour. Daily records for the previous two days recorded that the person was under the weather on one day and had fallen on another day. No entries had been made to detail what action had been taken. We spoke with the provider who told us that the person was prone to urinary tract infections (UTI's) and that they record in the person's communication book so that the person's private carer is aware. The provider added, "If we called the GP every time [person] has yellow wee we would be on the phone daily". The person's fluid levels were not monitored or recorded, even though they were prone to UTI's. We visited the person in their home and checked the communication book. There were no entries in October or November 2017 where Tiger Lily Care staff reported to the private carer that the person's urine colour was concerning or that the person was confused. This meant that people were at risk of further infection and delays to receiving treatment to treat their changing health needs.

The failure to meet people's healthcare needs in a timely manner was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We checked whether the service was working within the principles of the MCA 2005. There were procedures in place and guidance was clear in relation to MCA 2005 that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had limited knowledge of the MCA 2005. Only 50% of the staff we surveyed said they had training in and understood their responsibilities under the Mental Capacity Act (2005). Most staff were able to detail how they ensured people made decisions and choices about their day to day life. One staff member said, "People can say what they'd like. Family say what they [the person] like. The care plans cover the basics but it's nice to have feedback and ask customers what they will like". Another staff member said, "I always give options" they gave examples of when they had recently supported one person to choose different hand creams to apply from a selection they had been given as a present". Staff told us they respected people's decisions and choices. However, one person's care records indicated that the person had been choosing not to take their medicine. The record stated, 'Meds given [person] trying to spit them out but I continue to pop back in and eventually she takes them'. The person had clearly not wanted to take their medicines. There was no mental capacity assessment or best interest decision record in relation to this person to evidence that the provider had taken appropriate action and involved relevant parties. There was not always a record of when people had consented to their care package and information sharing in relation to their care. One person's care file contained blank copies of consent forms which had not been completed with them. One person's care record showed they had fallen previously trying to get up from their chair. The provider had made a decision to remove the person's controls for their chair to prevent them from attempting to get up again. There was no risk assessment in place in relation to this action and

there was no mental capacity assessment or best interests meeting in relation to this decision.

This failure to provide care and treatment with the consent of the relevant person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we surveyed all said they received care and support from familiar, consistent care and support workers, they would recommend the service to another person, their care and support workers arrived on time and stayed for the agreed length of time; their care and support workers had the skills and knowledge to give them the care and support they needed, the care and support workers completed all of the tasks that they should do during each visit and the support and care they received helped them to be as independent as they can be.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. One person said, "The food is nice and meets my standards". Another person told us they purchased the food online that they wanted to eat and chose what they were going to eat on a daily basis. The staff then cooked and served the food. We observed staff doing this during the care visit. Staff offered the person and their relative a choice of desserts. One staff member picked up on signs that the person had not drunk enough during the day and questioned the person about this. They made sure there were a variety of drinks available for the person to drink to stay hydrated. They prompted and encouraged the person to drink. We observed staff supporting another person who was not able to verbally communicate to have a drink. They provided the person encouragement to drink and did not rush them. People's care and support plans detailed the support they needed at meal times, if they required this level of support.

Good

# Is the service caring?

## Our findings

People told us staff were kind and caring towards them. Relatives also said that staff were kind, caring and respectful to their family members. Comments included, "They are brilliant, they are brilliant girls [staff]. Mum likes them"; "They are so caring, they talk with her and assure her that everything is going to be ok"; "They are kind and caring. They sing with him in the morning and chat"; "These two [staff] are lovely"; "They are all very nice"; "97% of the time they are absolutely brilliant, like having cousins. They really focus on friendliness" and "The carers are friendly and chatty with [person]. They are keen to do a good job and are gentle".

All the people we surveyed told us they were always introduced to new care and support workers before they provided care or support. They all agreed that they were happy with the care and support they received from Tiger Lily Care. They all said that the staff always treated them with respect and dignity and their staff were caring and kind.

People said staff treated them with dignity and their privacy was respected. We observed staff supporting people to mobilise to their bathrooms to use the toilet. One person was taking a telephone call when the provider and inspector arrived at their home. The provider made sure that they maintained the person's privacy by not entering their room until the phone call had finished. Staff supported people in a gentle manner and we heard them talking to people about closing the door to maintain privacy whilst they used the toilet.

People and relatives told us that staff respected their personal space. One relative said, "They respect privacy. They don't go in rooms they shouldn't be in and always knock". Staff called people by their preferred name. We observed staff consistently knocking on doors before entering people's homes. Some people had key safes outside their homes to keep their door key safe and secure. Staff used these to let themselves in when they had permission.

Staff were clear on how to maintain people's dignity when supporting them with their personal care. They ensure people's curtains and doors were closed. One staff member said, "I always treat them [people] as if it was my mum. I treat how I want my mum to be treated. People are human beings and should be treated with dignity and respect. They have feelings and emotions". The staff member went on to say, "I cover people up when washing, I explain what is going on and ask if that is ok". Staff told us they ensured people's choices were respected.

People's confidential records relating to their care were kept by the provider in a locked cabinet in the office to maintain people's privacy.

Staff had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes. We observed staff chatting with people about their day, who they had been in contact with, whether they had been out and showing interest in people.

Staff had built positive relationships with people and their relatives. One staff member told us, "The clients are consistent so you build up a rapport with them which is nice". A relative said, "They [staff] are very chatty, very attentive". Another relative told us that staff had "A real focus on being friendly". Staff told us they had time to sit and chat with people. One staff member said, "We get to spend a lot of time with clients". People and relatives told us that staff stayed for the full length of their care visit and people were not rushed.

Requires Improvement

# Is the service responsive?

## Our findings

We observed staff checking that people were comfortable, warm enough and had enough to drink and eat. People and their relatives told us the service was responsive to their needs. All of the people we surveyed told us they were involved in decision-making about their care and support needs. However, 50% of people said Tiger Lily Care would involve the people they wanted them to in important decisions.

Some relatives were involved in planning their family members care and others were not. One relative said, "There is a care plan in the house, we didn't talk with [provider] or anyone from Tiger Lily about the care that was required". Another relative explained that they had designed and written the care plan. Another relative told us they had been involved with the care planning process and said "I was asked questions".

The provider had a care planning policy and procedure in place which provide templates and guidance for staff. However, the provider was not using these templates. They had developed other care plans. People's care plans did not always provide person centred information to detail how staff should meet their needs. People's personal histories were not always recorded in their care files. This meant that when people were unable to remember important information about their past, staff were unable to help them remember. The care plans were not person centred in nature and did not clearly evidence a discussion had taken place with each person, about their preferences or wishes. One person's care plan mentioned their spouse throughout rather than the care plan being solely about the person. Care plans gave basic information about people's care needs. They did not detail how staff should meet their needs and set out their preferences and wishes clearly to enable staff to provide consistent care. One person needed to use equipment to enable staff to safely help them transfer from one chair to another. Their care plan did not detail this. Another person's care plan did not give enough information about how staff should meet their needs. The care plan advised staff to assist with personal care but did not state what the personal care tasks were. One person was diagnosed with epilepsy, their care plan did not detail what staff should do to meet their needs if they had a seizure.

The failure to plan care and treatment to meet people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been reviewed and amended regularly including when people's needs had changed. One person had been reassessed and reviewed on a regular basis following short hospital stays. Each time the care plan had been amended to respond to their needs.

Tiger Lily Care provided care and support to people to enable them to maintain their independence and live in their own homes. They also provided care and support to people who were at the end of their lives. These people were supported by a range of healthcare professionals including the local hospice. People's care records did not detail whether they had discussed and shared their wishes and preferences with the provider to prepare for when their health deteriorated. The provider advised us that all of the people that received care and support from Tiger Lily Care had relatives involved in their day to day lives and these relatives would be involved in the person's end of life to ensure their wishes were respected.

People did not always know who to complain to if they needed to. Only 50% of people we surveyed told us they knew how to make a complaint about Tiger Lily Care. 50% of people also said their staff responded well to any complaints or concerns they raised and the staff at Tiger Lily Care responded well to any complaints or concerns they raised. The provider told us they gave each person a folder with telephone numbers, the complaints procedure, compliments slips and feedback forms when they started to receive care. We checked with people we visited. One person's folder did not contain information about how to make a complaint. One person's relative told us, "I would talk to [provider] if I had concerns and the social worker if I didn't have any joy [with reporting to provider]. Another relative told us that they had not always been made to feel comfortable about raising concerns, criticism or complaints as the provider could be defensive about this. One person said, "If I had any concerns or complaints to raise I would speak with [provider] directly".

The complaints procedure was available in the office and in some people's care files in their homes. It showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. However, the procedure detailed that people should take their complaint forward to the Care Quality Commission (CQC) if they were not happy with the response from the service. This was incorrect, CQC do not investigate individual complaints people should be directed to the local authority or the local government ombudsman (LGO). There were no contact details on the complaints procedure for people to refer to.

The failure to establish and operate effective complaint systems was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us there had not been any complaints about the service. One relative detailed how the provider had responded to feedback they had provided. They shared that their family member was struggling to identify staff and remember staff names. The provider purchased named tops for staff detailing the name of the service and the staff member's names. We observed staff and the provider wearing these tops whilst providing care.

Requires Improvement

# Is the service well-led?

## Our findings

There was no evidence that audits and checks had been carried out by the provider. We spoke with the provider to ask whether there were any records of audits and checks to evidence that they were monitoring the service. The provider told us there were none. The provider explained that they were actively involved with providing care and support to people as well as running the service which is why this had not happened.

The provider had failed to check that people were receiving safe, effective, responsive and well led care. Failure to carry out quality assurance checks meant that the provider was unaware of the issues we identified in this inspection; such as effective recruitment procedures, care planning, training, capacity assessments, medicines, risk assessments and complaints.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures were produced by a large company who specialise in developing policies and procedures for care services. The provider confirmed they received regular updates and information from the company which they shared with staff in group messages and in training sessions. Although the policies and procedures were available and in place within the service, the policies were not all being followed and adhered to. We have reported about this throughout the report.

The provider did not keep themselves up to date with local and national practice. They had not attended the local authority's forums and other local events to enable them to build links with other registered person's to share information and good practice. This meant the provider was working in an isolated manner. We spoke with the provider and they took the details of the forums down with a view to joining the next ones.

People had opportunities to feedback about the service they received in an informal manner. One person's care records had shown they had provided some feedback about their care. The provider had met with them to discuss their care and had agreed to make amendments to ensure the person's choices and wishes were respected. The provider told us that people could provide feedback about their care to the care staff or to the provider during care visits. However, this did not enable people to provide anonymous feedback if they wanted to. The provider's 'stakeholder survey' policy stated that people would be given opportunities to feedback anonymously through surveys. The provider was not following their own policy. We spoke with the provider about the importance of enabling people to feedback in a formal manner and the importance of giving people the opportunity to feedback anonymously. The provider had not sent any surveys to people, relatives or health and social care professionals to request feedback about the service in the last year. The provider had a feedback file, this contained one completed feedback form. The responses were all positive. However the person had stated they didn't know how to make a complaint but confirmed they did have a copy of the complaints procedure.

The failure to operate effective quality monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that Tiger Lily Care was well run. Comments included, "It seems to be well run"; "They are not as slick as a big corporate business, and not corporate in the slightest, but the most important things are right"; "They are an asset to the social care system"; "They are very supportive, know what they're doing, they're in control and they know what's going on" and "We had past history [negative history] with [another provider]. I don't feel stressed".

People we surveyed told us they knew who to contact in the care agency if they needed to and they said the information they received from Tiger Lily Care was clear and easy to understand. Only 50% of people surveyed said Tiger Lily Care had asked them what they thought about the service they received.

Staff we surveyed said they felt confident about reporting any concerns or poor practice to their manager and their manager asked them what they thought about the service and took their views into account. All the staff surveyed said that the staff in the office gave them important information as soon as they needed it. The staff we spoke with told us they had a group chat group set up which they accessed through their mobile phones. This enabled them to contact the provider, received important messages from the provider and to ask for help and advice. Staff told us they could access the provider at any time. One staff member said, "[Provider] has an open door policy. [Provider] relays information through group chat, this is efficient".

The provider's statement of purpose stated; 'Our aim is to provide a good quality care service to the elderly or special need service users, within their own homes or in public. We aim to care for our service users in a way that we would want to be cared for ourselves. We provide personal care, support within the home or outside of it, domestic assistance, shopping or hospital trips, companionship, holiday and respite care. Our objectives are to ensure that our service users are safe, happy, respectfully treated and as independent as is possible'. Staff did their upmost to ensure that people had the best quality of life. Each staff member we spoke with told us how much they enjoyed working at the service and providing care and support to people living in their own homes.

All of the staff enjoyed working as a team. They all shared how they helped each other out. One staff member said they worked with a "Nice bunch of girls". They explained they liked that they were a team of "Small local friendly people". Other comments included, "We are a small team so we all talk to each other and know each other, it works well being in a small team" and "it's a small company, so we all get along very well, I couldn't say a bad word about any of them".

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the provider taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

Staff told us they had lots of support from the provider. One staff member said, "I feel [provider] is a good manager, I feel well supported". Another staff member told us, "I feel well supported; [provider] gives guidance about different approaches". Another staff member said, "[Provider] is very supportive". Another staff member said, "[Provider] is very supportive, very approachable and easy to contact'. She is hands on with the role, not just in the office which is good".

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

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<br><br>The provider had failed to provide care and treatment with the consent of the relevant person<br>Regulation 11(1)(2)(3) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The provider had failed to establish and operate effective complaint systems.<br>Regulation 16 (2) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service.<br>Regulation 17 (1)(2)(a)(b)(e)(f) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had failed to operate effective recruitment procedures.<br>Regulation 19(1)(2)(a)(3)(a) |

| Regulated activity | Regulation |
|---|---|

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to provide training and support for staff relating to people's needs. Regulation 18 (1)(2)(a)

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider had not ensured that people received appropriate care that met their needs and reflected their preferences.<br>Regulation 9 (1)(a)(b)(2)(3)(a)(b) |

**The enforcement action we took:**

We imposed a condition on the provider's registration.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to manage care and treatment in a safe way and failed to ensure that medicines were suitably managed<br>Regulation 12 (1)(2)(a)(b)(c)(g) |

**The enforcement action we took:**

We imposed a condition on the provider's registration