

# Ms Sally Brimicombe

# Tiger Lily Care

## Inspection report

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27 November 2019

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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

### About the service

Tiger Lily Care is a domiciliary care service providing personal care to people living 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. The service provided care and support to adults and children. The service was providing personal care to approximately 29 people at the time of the inspection.

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

Medicines were not always managed safely. Medicines administration records (MAR) were not completed in a safe way to make sure people received their medicines as prescribed as they were missing essential information.

There were systems in place to check the quality of the service. However, the systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management. This was an area for improvement.

Improvements had been seen across the service since our last inspection. The provider and staff had worked hard to make sure people received quality care and support, however further improvements were still required.

People's needs were assessed, monitored and reviewed to ensure their needs were met. People were supported by competent, knowledgeable staff. Some staff had not undertaken all of their basic training. This was an area for improvement. Staff were supported by the provider.

People's care records contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health and care needs. The provider had systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. The records of the action taken were not always clear. This was an area for improvement.

Staff were recruited safely. There were enough staff deployed to keep people safe. Staff told us that most of the time they had adequate time between care visits to travel between their calls. Some remote areas had not been allocated enough travel time. This was an area for improvement.

People were protected from the risk of abuse. The provider promoted an open culture to encourage staff to raise any concerns.

Where required, people were supported to ensure their dietary needs and preferences were met. Staff worked closely with occupational therapists and other agencies to assess people's needs and ensure people

were supported with their changing needs.

People and their relatives told us their choices and decisions were listened to and they were in control of their support. On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. People said staff treated them with dignity and their privacy was respected. People were supported to be as independent as possible.

People gave us positive feedback about their care and support. They told us, "I believe I get all the care I need"; "They are good all of them"; "They are very friendly, we have a laugh really, very kind" and "The [staff member] is my favourite, I think the world of her."

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The service was rated Requires improvement at the last inspection on 04 September 2018 (the report was published on 20 November 2018). There were four breaches of regulation. The provider had failed to operate effective quality monitoring systems. The provider had failed to effectively deploy staff to enable them to carry out their duties. The provider had failed to manage care and treatment in a safe way through assessment and mitigation of risks. The provider had failed to operate effective recruitment procedures. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider after the last inspection to discuss the improvements required.

At this inspection we found improvements had been made. However, the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Tiger Lily Care

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 04 November 2019 and ended on 27 November 2019. We carried out telephone calls to people and their relatives on 04 November 2019. We visited the office location on 07 November 2019. We carried out calls to staff and reviewed evidence between 07 November and 27 November 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority quality assurance worker, who told us they had visited the service in January 2019. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four staff including the provider.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage care and treatment in a safe way through assessment and mitigation of risks. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to management of risks.

- Improvements had been made to the assessment of risk. People's care records contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health and care needs.
- Risk assessments gave clear guidance to staff detailing how to safely work with people in areas including; catheter care, stoma care, management of behaviours that that could be challenging towards others and moving and handling.
- People told us they felt safe. Comments included, "Generally I feel safe, I don't feel unsafe with any of them, they are very nice"; "Yes, I am safe, they all have names on, I found them very nice, and caring I thought. I find the girls very good" and "Yes, perfectly safe, well they are always there watching and making sure I have my tripod. They make sure I am in bed safely before they leave. In fact, they are very, very good."
- The provider regularly reviewed and updated risk assessments to ensure they continued to provide staff the most up to date guidance on how to work safely with people.

### Using medicines safely

- Medicines administration records (MAR) were not completed in a safe way to make sure people received their medicines as prescribed as they were missing essential information. One person's MAR detailed that staff should apply a medicated pain patch every third day. The MAR's had not always been clear about which day of the week it should be applied and there was nowhere to record where the patch should be applied.

There had been occasions when the person had not had their pain patch administered as prescribed.

- The provider did not have a robust auditing process in place to review medicines practice. The MAR for the person with the pain patch had not been audited along with the daily records to identify and deal with any discrepancies and possible concerns.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were not in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were.

One person was prescribed Paracetamol. There was no PRN protocol in place for this. There was no evidence to show that the Paracetamol should be given no less than four hours apart and no more than eight in 24 hours. This was a particular concern as one of the person's care visits was only three hours after the last one. This meant that staff administering these medicines may not have all the information they need to keep the person safe.

- Only 15 of 19 staff who were tasked with administering medicines had completed their medicines training. We spoke with one staff member who had not had their training and they confirmed that they had not yet completed their training course, but they were administering medicines. This meant that they may not have received all of the information they needed to administer medicines safely. Staff we spoke with could not recall having any competency assessment of their skills and ability to give medicines safely. Competency records were not seen in staff files.

The failure to take appropriate actions to ensure medicines are managed in a safe way is a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

### Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures and failed to effectively deploy staff to enable them to carry out their duties. This was a breach of Regulation 19 (Fit and proper persons employed) and Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations 18 and 19.

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed and gaps in employment had been explored by the provider, which helped prevent unsuitable staff from working with people who could be vulnerable.
- Staff mostly had adequate time between care visits to travel between their calls. Some staff reported that if they were travelling from one area to one of the more remote areas such as Cliffe or Grain, then they did not have enough time to travel as the journey took approximately 20 minutes. This made them late for people's care visits. This is an area for improvement.
- There were enough staff deployed to keep people safe. Staffing was matched to people's assessed needs. Staffing was arranged flexibly and where people needed two staff to support them this was provided.
- People and relatives told us they received most of their care visits at the right time. Comments included, "They generally arrive on time, nothing that I need to complain about. I am a bit laid back really. They get caught up with previous person but that is not often"; "They are always on time, they are really good, if he is not at day centre, we can arrange for them to come in later as he does not need to get up so early" and "Yes, they do arrive on time, if they run over with dad, they have to contact the office."

### Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- The provider was able to demonstrate that actions had been taken after an accident or incident. However, records were not always clear to evidence what action had been taken after the accident or incident. This is an area for improvement.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Safeguarding adults training had been completed by two thirds of the staff team. In addition, thirteen staff had completed safeguarding children training as they worked with children who received a service from Tiger Lily Care.
- The staff we spoke with were knowledgeable and confident about their roles in keeping people safe.
- Staff told us the provider was approachable and always listened and took action where necessary, so they had no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise concerns if necessary.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Most staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. One staff member said, "We have gloves and aprons at clients houses or we can get them from [provider]."
- There were stocks of PPE in the office, which staff could access when they were running low.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, we identified that the assessment process did not explore people's gender, nationality or ethnicity. This was an area for improvement.

The provider had taken on board this area of improvement and had made improvements to the assessment process.

- Prior to people receiving a service their needs were assessed. These assessments were used to develop the person's care plans and make decisions about the staffing hours and skills needed to support the person.
- Assessments included oral healthcare. The provider explained they also kept a record of people's dentists, reported concerns to relatives and supported people with appointments when required.
- At this inspection the assessment included people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities.

Staff support: induction, training, skills and experience

- Training records evidenced that some staff had not completed their training to give them the skills and knowledge of safely working with people. The records showed 11 out of 21 staff had completed health and safety training, 12 out of 21 staff had completed food hygiene training and three staff had completed diabetes training. Training records showed that some of this training was pending. We found no evidence that people had been harmed however, this is an area for improvement.
- The provider's training records evidenced that staff had a varied range of training. Training courses were available to staff who were working with children within the team such as paediatric first aid and children's safeguarding. Staff were supported to undertake health and social care qualifications.
- People told us staff were good at their jobs. People said, "They do what needs to be done, I am getting what I need. They all have very good skills"; "They do have the necessary skills and practical input as well. The most important thing for us is that they are on time and keep us informed, and that works very well"; "I have two carers four times a day, they use a portable hoist. I definitely think they know how to use it and keep me safe and I feel perfectly at ease with them" and "They are very good, and they know what to do for me, they spoil me, and I know they go on courses."
- Staff had received an appropriate induction to the service. New staff shadowed more experienced staff before providing care. Staff were observed by the provider while carrying out care in people's homes. Regular planned observations were undertaken. Staff had the opportunity to meet face to face with the

provider on a regular basis to discuss their personal development and highlight any areas of concern or good practice.

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

- Staff understood their health needs and would assist them in calling a relative, doctor or nurse if they became unwell. People told us that they or their family arranged their health appointments. People told us about examples where Tiger Lily Care had assisted them to attend planned hospital appointments and dentists. One person told us the provider helped them by booking transport, so they could attend their dental appointments.
- People's health and medical conditions were included in their care plans, staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.
- The provider told us that they coordinated with staff and arranged for medical appointments with nurses, GPs, dentists and chiropodists.
- A relative told us, "If there is a medical emergency, we are there, they will contact us."
- The provider and staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment. One staff member said, "I would report [health concerns] to the GP or district nurse and report to [provider]."

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

At our last inspection, some people's daily records did not show clearly what people had been given to eat. This was an area for improvement.

The provider had taken on board this area of improvement and had made improvements to records.

- Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred fresh food prepared and cooked.
- At this inspection, people's care records clearly listed foods they had eaten and drunk.
- People told us, "They give me breakfast, lunch and tea; they leave two cups of drink each time they go, so I have fluids morning noon and night. They make sure I drink plenty" and "They cook from scratch the fresh vegetable and I have ready meals" and "They will ask what I want, and I tell them and they get on with it."

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

At the last inspection we identified areas in relation to consent to care that required some improvement.

The provider had taken on board this area of improvement and had made improvements to gaining consent from people and their relatives.

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.

- The provider and staff were knowledgeable about the MCA; clear guidance was provided to staff within people's care records. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and different cereals for their breakfast. One staff member told us about a person who communicates by saying short words such as yes, no, coffee and through pointing, they had got to know them well and were able to communicate effectively.
- People told us they had control of their lives and made choices and decisions. People told us, "I get a choice, I decided what time they should come, it was agreed, and I am happy with that, but the morning and evening are more punctual than the middle visits" and "I think I do get a choice, when they come in, they will ask what I want them to do and I will tell them and they do it."
- Where people had capacity, they have signed their own care documents and contract.
- Where required, people had mental capacity assessments completed at their assessments which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they had regular staff supporting them. This meant that staff got to know people well. People told us, "They are very friendly, very caring and kind"; "Brilliant in every way, I can't fault them, they are kind and they really care. Oh yes, that includes the manager too" and "There is obviously more than one person [staff] who comes in, but they all seem to be warm and friendly. They are competent and confident, and they chat about things like local news."
- A relative told us, "Mum and dad are very happy with them. That's significant because initially mum did not want carers and it's good that they are comfortable with them now."
- People explained how they valued the social contact with staff. Some people didn't see any other visitors or relatives. Staff made them feel valued. One person said, "I look forward to them coming because I find them so nice. It's someone to talk to in the week if I don't have other visitors."
- People told us they met their own religious needs. People said, "We are in contact with our church and someone comes to give us communion once a month"; "I don't really follow any faith"; "The priest comes to me and give me communion once a month" and "I only attend church on special occasions."

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

- People were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them.
- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. One person commented, "One day I didn't want a shower and I asked them just wash my hair at the sink; and they were quite happy to do it. I can find no fault with them."
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed as people's relatives were often providing their loved one's care most of the day. One relative said, "Notes are helpful to use, as we can see what they have done."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them with dignity and their privacy was respected. Their comments included, "I don't feel exposed in any way, I sit by the window and they always draw the curtains"; "They have to change dad's incontinence pad and they do that with dignity, chatting to him and certainly not like strangers" and "If someone comes into the bathroom, they have always made sure he is covered and kept warm, I say I have seen it all before; but they say it's something we have to do."
- People told us that staff respected their privacy by knocking or calling out when they entered people's homes including when staff let themselves in using key safes. Staff explained they did this to respect

people's privacy as well as ensuring they did not startle people. One person said, "I have a key safe, I can hear them but they callout."

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. People said, "I am able to do most things for myself so my meals I can manage, they only come to support with showering" and "I can do little bits of washing up when I have my tripod to help me balance."
- Information held at the provider's office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At the last inspection some care plans did not detail fully what help and assistance people required. This was an area for improvement.

The provider had taken on board this area of improvement and had made improvements to care planning.

- At this inspection care was person centred and planned with the person to meet their needs. People were given choice and control over their care.
- People's care had been provided according to their needs. People were fully involved with reviewing their care packages from changing times and adding extra care tasks. People and their relatives told us their care was regularly reviewed to make sure the information detailing how people's personal care was carried out was up to date and correct. Staff told us the provider was very responsive to people's changing needs or wishes and acted quickly to review the care plan.
- People told us they had been fully involved in the assessment and care planning process. Comments from people and relatives included, "The carer came when I first started to discuss everything with me and my family has met most of them" and "I have seen the care plan and has read little bits."

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 told us they offered people the opportunity to information in alternative formats to meet their needs. This was detailed in the information given to people about the service when they first started to receive care and support. Nobody has taken them up on this. They said, "Communication meets people's needs currently. I have not been asked to provide things in different format, but I would."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the service's purpose was to provide personal care, some people had additional support or larger packages of care which enabled them to carry on their hobbies and interest and avoid social isolation.

- People were enabled to access activities they enjoyed. For example, one person had a weekly activity schedule which enabled them to access the local community to use swimming pools, cinema, bowling, local parks, pubs, restaurants and shops. One person had support on a weekly basis to visit their relative.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or the management team if they were unhappy about their care.
- People and relatives said, "I have no complaints, [name] who is the owner said if I am not happy to call and let her know. I have not had to call her"; "If we had any concerns about the carer, we could contact the manager; she is accessible and very open"; "I would call the manager, but I have never had any concerns" and "I never complain and have never had a complaint. [Provider] knows if I am not happy, I would tell her."
- The provider's complaints procedure was displayed in the customer guide people received which was kept in their homes. There was guidance on next steps people could take if they felt the management team had not dealt fully with the complaint, including speaking to the local government ombudsman.
- There had been no formal complaints about the service in 2019.

#### End of life care and support

- The service was supporting some people who were approaching the end of their life at the time of inspection. People had made their decisions and choices about their care with involvement from their relatives and healthcare professionals.
- Some people had consented to 'do not attempt resuscitation' (DNAR) with their GP or consultants.
- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses.
- A compliment had been received from a relative following the death of their loved one. It read, 'I would like to thank you and all the lovely ladies that dealt with mum over the last few days for your kindness and patience.'



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality monitoring systems which was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17, however further improvement was required.

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, safeguarding, training and health and safety. Where actions were needed these were recorded. However, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines practice and training. This is an area for improvement.
- The provider had a very good oversight of the service as they had daily contact staff and often carried out care visits to people. There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- The provider was committed to ensuring that people received improved experiences and high-quality care and that lessons were learnt from the previous inspections.
- A compliment had been received which was written by a person receiving a service to their local MP. The compliment read, 'The media often highlights the problems so many old people. I would like to tell you about Tiger Lily Care, an agency started by [provider name] for those living on the Hoo Peninsular, ME3 area. All staff employed by her are wonderful; nothing is too much for them, they even feed the birds for me because – being housebound – I get so much pleasure from watching them.'

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were asked to feedback about their family member's care through discussions with the provider. One person told us, "[Provider] will ask how the carers are doing from time to time."

Another person said, "Don't think there has been any surveys, but as far as I can see, we can phone the manager if we want to." A relative told us, "I have not completed a survey, but I would not have a bad work to say about the service. I would give them ten out of ten."

- Surveys were carried out with people receiving short term care at the end of their care package. We viewed one which had been completed in June 2019 and the response was wholly positive. We spoke with the provider about introducing surveys to everyone receiving a service, so this could give people to provide anonymous feedback if they wished. This is an area for improvement.
- Staff meetings were held frequently which gave staff opportunities to meet up with the provider and other staff and talk about any issues or concerns. Staff told us they attended these and received good support from the provider and their colleagues. Comments included, "I can text and ring [provider] when I need her"; "[Provider] gives good support she is out in community too, she knows what we are doing and what we are going through."

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

- The provider and staff team demonstrated a commitment to ensuring they provided person centred and high-quality care.
- People told us they were very happy with the care and support they received from Tiger Lily Care. One person told us, "I would not change Tiger Lily because they are very good."
- There was a caring, open culture within the service. People, relatives and staff were mainly positive about the service provided. Comments from people and relatives included, "I would recommend them; I am happy with the service and I would give them a score of seven or eight out of 10"; "I would recommend them, I have never had carers before and I have heard bad things about carers, but nothing about this company" and "The manager seems nice, friendly and approachable."
- Staff told us they were listened to, they found the provider approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team. Comments from staff included, "I enjoy it, I love my job, I love working with people" and "I love caring, it brings my confidence out. I like making people's day, sometimes I am the only person they see in a day, so it makes a difference."

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 provider told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- Relatives told us, "They are a very good service and my parents are happy, so are we" and "The manager is lovely and the carers too, I don't know how I would manage without them."
- The provider understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- The provider had signed up to websites and newsletters to keep themselves up to date with local and national practice. They had attended the local authority's forums and other local events to enable them to build links with other registered persons to share information and good practice.
- The provider kept themselves up to date with regulation by receiving newsletters from CQC. They received alerts and information from the Department of Health. They also utilised external companies and websites to keep themselves updated, such as Skills for Care.
- The provider had notified us of incidents relating to the service. These notifications tell us about any

important events that had happened in the service.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.

Working in partnership with others

- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care.
- The provider had developed working partnerships with other care providers in the local area which had increased their support networks and training opportunities for staff.

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>The provider had failed to take appropriate actions to ensure medicines are managed in a safe way.</p> <p>Regulation 12 (1)(2)</p>