Tigheaven Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using Tigheaven Limited receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' such as 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 the inspection eight people were using the service.

This inspection took place on 17 December 2017 and was announced. At the last inspection on 30 October 2015, the service was rated Good. However, we found that at this inspection the service did not meet all the regulations we inspected and it has therefore been rated Requires Improvement.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place for the safe management of medicines. There was a medicines policy that provided staff with guidance for the administration, ordering and storage of people's medicines. However, one person told us they had not always received their medicines as prescribed.

The registered provider had a safeguarding process in place on how to report an allegation of abuse. However, we found people were at risk from financial abuse due to poor management and monitoring of people's money when staff supported them with their shopping.

People had their needs and choices assessed before receiving care. However we found that people's choices were not always respected because staff often arrived late and changed the time of their visits without discussing it with people first.

Staff did not always care for people in a way that demonstrated dignity and respect. People's dignity was not always respected by staff. This was because some staff spoke in a language people did not understand while delivering care. Staff were kind, compassionate and helpful to people.

Staff received training, supervision and an appraisal to support them effectively in their roles. Staff were supported by the registered manager to assist them with their professional and development needs.

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Staff identified risks to people's health and well-being. Risks were recorded in a risk management plan that and contained guidance for staff to follow.

The registered manager had systems in place to record accidents and incidents that occurred and the

provider learnt lessons from these. People had support from staff who understood their wishes at the end of their lives.

The registered manager had a rota that showed enough staff were available to care for people. Staff were safely recruited and pre-employment checks were carried out before they were employed at the service.

People were supported by staff to eat and drink enough and their preferences were met. Staff supported people with shopping and provided meals that helped people maintain their nutritional and health needs.

Staff followed safe infection control procedures to reduce the risk of infection. Personal protective equipment was available for staff to use.

The registered provider had developed relationships with health and social care professionals to deliver effective care for people. Staff supported people to attend health appointments when needed.

People gave their consent to care and support. Staff cared for people and had an understanding of the Mental Capacity act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Feedback about the service was sought from people by the provider. People were confident about being able to use the complaints system. People knew how to make a complaint about the care and support they received.

The registered manager demonstrated leadership in the service. Staff told us they enjoyed their job and explained that the registered manager was kind and understanding.

The registered provider completed reviews and monitored the service to improve the delivery of care. There were quality assurance systems in place to check the quality of care people received. The registered manager understood their responsibilities to the CQC in regards to their registration.

We have made two recommendations in relation to safe medicines management and quality monitoring and we found a breach of regulation in relation to safeguarding people from abuse. You can see what action we told the provider to take at the back of the full version of this report.

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

This service was not always safe.

People did not always receive their medicines safely. The registered provider had a medicines policy in place to give staff guidance on the safe administration of medicines. However, this was not always followed by staff.

Safeguarding processes were in place to protect people from harm and abuse. Staff knew how to report an allegation of abuse for investigation. However, we people were at risk from financial abuse as procedures for supporting people with financial transactions did not sufficiently protect people.

Staff assessed and identified risks to people's health and well-being. A risk management plan was in place that gave staff guidance on how to manage those risks.

Recruitment processes were in place that ensured suitable staff were recruited and employed at the service.

Effective infection control procedures were followed by staff.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed by staff.

Staff received training to improve their skills and knowledge. Staff received support through on going supervision and appraisal.

Staff supported people to eat and drink enough to maintain their health.

The registered manager had developed relationships with health and social care professionals to deliver effective care.

Staff supported people to attend health care services when required.

The registered manager understood the principles of the Mental Capacity Act (MCA). People gave their consent to care in line with MCA guidance.

Is the service caring?

Requires Improvement

The service was not consistently caring. Staff did not consistently respect people's dignity.

Staff knew people well and were knowledgeable about the care and support they needed.

People told us staff treated them with compassion and kindness while respecting their privacy.

People made decisions about their care and support needs.

Is the service responsive?

Good

The service was responsive. Assessments included the needs of people, and the support required to meet them.

A complaints system was in place for people to raise concerns.

People's end of life care needs were recorded and staff followed these to meet people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager demonstrated leadership. However, they had not identified the concerns people raised with us. Staff were complimentary about working for the service.

The registered manager ensured the Care Quality Commission were informed of incidents that occurred at the service.

People gave feedback from about the care and support they received.

Tigheaven Ltd

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 17 December 2017. We gave the service 48 hours' notice of the visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location to see the registered manager and to review people's care records and the key policies and procedures.

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, we looked at information we held about the service. This included notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law.

At the time of the inspection, we spoke with the registered manager. We reviewed three people's care records, their medicines records and three staff files. We also looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with one person using the service, one relative and two care workers.

Requires Improvement

Is the service safe?

Our findings

People did not consistently receive safe care from staff. Staff did not always support people because the safe management of medicines was not always followed. People raised concerns with us about how staff managed their medicines. People had their medicines dispensed in a dossette box, blister pack or in the original medicine packaging by their local pharmacist. Medicines were either collected by care workers or delivered to people's homes. However staff did not always give people their medicines as directed. A relative told us their family member did not have their medicines as prescribed. They said, "I can't trust them to give the tablets. They are careless and not bothered." The relative also told us they had stopped the care workers from giving their family member their medicines because incorrect doses were given to them. They added this error occurred when the regular care worker went away on holiday and a replacement care worker provided support. Since this incident the relative told us they continued to support to their family member with taking their medicines.

Staff had completed training in the management of medicines. The registered manager assessed staff as safe and competent before administering medicines independently. The registered manager carried out audits on people's MAR charts once a month. This did not identify the concerns with the administration of medicines.

We recommend that the service consider current guidance on giving people their prescribed medication and take action to update their practice accordingly.

The registered provider's safeguarding policy had written guidance for staff to follow to safeguard people from abuse. Staff knew the types of abuse people could be subjected to and how they would reduce the risk of harm and abuse. However, after the inspection visit we found that staff did not act in accordance with the safeguarding guidance. The registered provider's safeguarding policy describes the types of abuse people could be at risk of. However, there was no guidance for staff regarding shopping for people in a way that protected them from the risk of financial abuse. During our discussions with a person using the service we found they could be at risk of financial abuse. The person told us when the care worker completed their shopping they were, "Given the receipts [by the care worker] and then I either transfer the money to the carers account or I pay cash. I prefer to do a transfer as it's not always easy for me to have cash. I keep a record but I'm not sure if the carer does." We were concerned about this information and raised a safeguarding alert with the local authority safeguarding team for investigation. We found people were at risk of potential financial abuse because the registered provider's safeguarding processes were not followed by staff.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a whistleblowing policy that contained information about how staff could report concerns in a safe way to appropriate care authorities if they were not happy with the provider's response to their concerns.

The registered provider had a system in place to record missed and late visits. The registered manager told us that people were contacted when they were aware staff would be late for their calls. However, one relative told us about their experience of late visits. They said, "They are frequently late and they don't call to let us know. They adjust the call times on a Sunday, either coming early or late, we never know, so that they can go to church," and "They always want to change things to suit them and I feel backed into a corner and have to go along with it." We have raised these concerns with the registered manager. The registered manager confirmed they had spoken to the relative about late visits and a new time was arranged for all visits with the relative's agreement. We will check this at our next inspection.

Risk assessments were completed by the registered manager and identified risks to people's health and well-being associated with their care and support needs. These included their positioning needs, eating, skin integrity and their care needs. Where a risk was identified this was recorded in the person's care records and included guidance for staff about how to manage the risk. Staff had access to this guidance to help them support people in a safe way to help mitigate the risk to people.

Staff followed infection control procedures at the service. Staff had access to personal protective equipment such as gloves and aprons to help them reduce the risk of infection. The provider learnt from accidents and incidents that occurred at the service. When incidents occurred these were shared with staff so that they were made of aware of them. This gave staff the opportunity to discuss these concerns and offer solutions to reduce the recurrence of the incidents.

The registered manager had sufficient staff deployed to care for people safely. There was a staff rota that showed which members of staff had been allocated to provide care and support to people. The registered manager had replacement care workers available to cover staff absences.
The registered provider had a recruitment process in place which they followed to carry out pre-employment checks on new employees. The checks carried out included obtaining references from previous employers, identification records and criminal record checks carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers make safer recruitment decisions and prevent unsuitable people being employed.

Good

Is the service effective?

Our findings

The registered manager assessed people's care and support needs. The registered manager completed assessments with people and their relatives before they received care and support. Assessments included information about the person's physical and mental health, life history, activities they enjoyed and their end of life care needs. Assessments were personalised to meet people's needs. They detailed the care and support people required to meet their needs and these were up to date to ensure staff had the most accurate information about people's needs. People received a copy of their needs assessments for their records so they were familiar with the care and support they agreed to.

Staff were supported in their role by the registered manager. Staff had completed training, and took part in regular appraisals and supervisions with their manager to support them in their roles. Training completed by staff supported them in their roles. Staff commented that, "The moving and positioning and medicine training was really good, it gives me a better understanding of the work" and "I enjoy the training especially the safeguarding it's really important to have a good understanding." Staff completed mandatory training and this included, moving and positioning people, safeguarding and infection control. This gave staff the knowledge to support people in an effective way.

Each year staff had an appraisal of their performance. This provided staff with the opportunity to discuss their role including challenges they had faced in the past year. Together staff and the registered manager discussed and recorded any action to be taken to resolve an issue. On one occasion the registered manager had arranged for a member of staff to take part in specialist training when the need arose.

The registered manager completed supervision with staff. The registered manager was able to oversee the performance and daily practices of staff through supervision. Supervision allowed staff to reflect on and learn from their daily practice with the aim of improving their skills. Records showed that the registered manager explored the practices of staff and recorded comments in their records. Where concerns arose these were discussed with the staff member in question and a solution sought to address the concern which improved staff performance and practice.

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 found that people using the service were not subjected to care and support under the MCA. We found that the registered manager had an understanding of the MCA and how people who lacked the capacity to make decisions about their care required an assessment and a best interests meeting to make specific decisions regarding their care where they were unable to safely make these decisions themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff we spoke with understood their responsibilities to care for people appropriately in line with the MCA.

People gave their consent before receiving care and support. People told us that staff discussed their planned care before providing the support. Care workers demonstrated an understanding of how to gain consent to care before carrying out any tasks. One member of staff said, "Yes, I always ask my client what they want, sometimes I know them well but it is good to give them choices."

People were supported with meals, which they enjoyed and their food choices met their needs. Staff completed meal preparation and shopping to support people in their homes. One person said that staff supported them with buying food at the local market because this was their preferred choice. They told us, "I love having the kale from the market and appreciate that [the care worker] goes there as well as the supermarket." People enjoyed the meals provided by care workers because staff prepared meals of their choice.

People's health care needs were regularly reviewed by healthcare professionals. When people's care needs changed staff contacted their GP for advice and support as required. Staff supported people to attend appointments with health services. People said staff supported them to meet their health care needs and attend hospital appointments if they needed this support. The registered provider had a process in place for staff to alert the office based staff when people's needs changed. Staff understood that they should seek advice from the provider when people required emergency care.

The registered manager and staff worked in co-operation with local health and social care services. The registered manager had developed working relationships with health and social care professionals including occupational therapists, a dietitian and social workers. This benefitted people because this helped to coordinate people's care in an effective way.

Requires Improvement

Is the service caring?

Our findings

We received mixed views from people about whether or not staff were caring. We found that staff did not always provide care in a way that demonstrated respect. After the inspection we were made aware of an incident at a person's home that showed a care worker did not protect a person's dignity. Two care workers did not respect the person or their home. A relative said, "I want to tell [registered manager] that I'm not happy that the carers speak in their own language. I don't feel I can say it to anyone but they shouldn't do it." We discussed this incident with the registered manager. They confirmed that all care workers are taught to respect both people and their homes. They also added that they would look into the concerns people raised.

People shared with us their views about care workers. We received comments such as, "Some are gentler than others", "They are always rushed and they just don't bother", "My carer has a good heart. She is kind and polite." One person gave us an example of how care workers showed they were caring. They told us, "This week [care worker] forgot some shopping and so arranged with me that [they] would bring this the next day. I appreciated that she took the trouble to come back as I needed the shopping." When we received less positive comments we raised these with the registered manager who informed us that they would contact the people involved to discuss any concerns they had.

People said staff showed them kindness and compassion. People said that staff provided support to them when needed even if this was outside their regular package of care. For example staff checked the fridge for a person using the service. This was to ensure food that had passed the 'best before' or expiry date was disposed of. People said staff respected their choices because staff they supported them in a way that they chose.

People were involved in planning their care and support. People decided how they wanted their care to be carried out. When people wanted a change to their care and support this was respected and changes made. These decisions were recorded and people's care records updated with any new information or changes in their care.

Staff carried out people's care and support while valuing their privacy. People told us that staff carried out their personal care needs in private. This could be in the bathroom or in their private bedrooms. People said they wanted their care carried out how they chose, so they felt comfortable in their homes and staff respected this.

Staff promoted people's independence. Staff knew people well and understood their individual abilities. People supported people to do things for themselves as much as possible. Staff encouraged people to participate in their personal care and meal preparation. One person told us, "The [Care worker] knows that I value my independence and so always checks with me, [they] do things on my terms."

Good

Is the service responsive?

Our findings

People were supported by staff who responded to their individual care needs. People had regular assessments and reviews of their care. This enabled people and staff to identify their care needs and the support needed to meet these needs. People's views were included in their assessments and used to develop a plan of care for them.

Following an assessment a care plan was developed which detailed people's individual needs. This detailed how each person required their care and support to be carried out. A relative said, "The last care plan was sorted in September when [my relative] came out of hospital." Care plans were shared with care staff so they understood how to provide care and support to people as required. Reviews of people's care took place to ensure that the most up to date information was available about people. Care reviews took place with people and their relatives every six months. People were provided with copies of the care reviews for their records. Following a care review people's care records were updated with the outcome of the review.

The registered provider had a system to manage complaints. People said that they would speak to staff about any concerns they had. One person told us, "I tell the [care worker] about things that I'm not happy with, then tell the registered manager who listens." The service user handbook had information about the complaint process. We looked at the complaints log, and found that there were no new complaints made in the past 12 months. The registered manager explained that investigations of any complaints took place and the complainant responded to with an outcome of the investigation.

People's end of life care needs were met by the service. Care records showed that people had a record of the care and support they wanted at the end of their lives. Training in end of life care was completed by staff to give them knowledge about how to care for people at this stage in their lives. Staff and the registered manager understood how to care for people who were at the end of their lives. They also understood who to make contact with when people were nearing the end of their life. The contact details of health and social care professionals and people's family member's details were recorded. People made choices about how they wanted their end of life to be and staff respected these.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. We found that the registered manager had not picked up the issues that we found with people's finances and medicines through their quality monitoring systems. The registered manager was not aware that a person using the service was at risk from financial abuse because of the mismanagement of their finances while they were receiving support. The registered manager was not aware of the concerns we found relating to the unsafe management of people's medicines. This showed that the provider's quality monitoring systems were not effective. We recommend that the provider reviews their quality monitoring systems to ensure that issues related to safeguarding and safe medicines management are identified and addressed.

People had mixed views about whether the service was consistently managed well. The registered manager asked people for their feedback as part of their quality assurance process. The feedback from people and their relatives showed that they were satisfied with the care provided. However, people had raised concerns with us about the timing of their care visits which we raised with the registered manager. They responded to us saying, "The lateness on Sunday is occasionally because buses do not run as frequent as in the week." They confirmed that they had a conversation with the relative of this person. They had agreed alternative times for all care visits to suit the person using the service.

The registered manager monitored and reviewed the quality of care people received. The quality assurance process included six monthly spot checks that reviewed the quality of care people received. Spot checks took place with care workers and were carried out by the registered manager. Care worker practices were assessed to ensure staff were meeting the provider's standards. When issues with working practices were found staff were supported to improve their skills. This included additional training to help them improve their knowledge and practice where this was appropriate.

The registered manager reviewed care records to ensure these were accurate and reflected people's needs. We found that people's care records were updated when their needs had changed. Care records contained information essential for care staff to provide effective care and support to people.

Staff enjoyed working at the service. Staff we spoke with were happy working for the provider and were complimentary about the service. Staff said that they were supported by the registered manager and confirmed they received support through regular training and team meetings. Team meetings occurred on a regular monthly basis. During the meeting staff met with each other to discuss their work. Staff shared positive experiences they had while working with people. Staff also had the opportunity to discuss areas of concern they needed and were given guidance and advice.

We received comments from staff about their views of the management of the service such as, "It's really good working here," "The manager is really good, they listen," and "The training has been really good, this is a good place to work."

The service demonstrated a positive culture within the service. The provider's ethos promoted and

advocated good quality care for people. Staff were positive about their jobs and demonstrated the importance of providing good care and support to people.

Staff worked closely with external organisations. The provider had also developed partnership working with local health and social care services. This relationship helped services to effectively co-ordinate people's care and support them in a way that was effective. The registered manager had demonstrated their knowledge of local services and the health and social care professionals they had worked in partnership with to achieve the best outcomes for people.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from the risk of abuse and improper treatment.