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Tiger Lily Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 04 September 2018, the inspection was announced.

This service 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.

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. There were 23 people receiving support with their personal care when we inspected.

At the last inspection on 20 December 2017 we rated the service Requires Improvement overall and rated the Effective domain Inadequate. The provider had failed to provide care and treatment with the consent of the relevant person. The provider had failed to establish and operate effective complaint systems. 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. The provider had failed to operate effective recruitment procedures. The provider had failed to provide training and support for staff relating to people's needs. The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. The provider had failed to manage care and treatment in a safe way and failed to ensure that medicines were suitably managed. We also recommended that the provider made it clear to people and their relatives the emergency contact arrangements relating to the service if they took a holiday. We imposed a condition on the provider's registration.

The provider submitted an action plan on 06 March 2018. This showed they had met two regulations by 01 March 2018. The provider planned to meet the remainder of the Regulations by 31 March 2018.

At this inspection we found the provider had met some of their actions. However, there continued to be four breaches. The service has been rated Requires Improvement overall. This is the second consecutive time the service has been rated Requires Improvement.

People told us they received safe, effective, caring, responsive and well led care. They had nothing but positive feedback about the service they received.

The provider had made some improvements to their recruitment processes. However, further improvements were required. Two of the four staff files we viewed showed gaps in employment history that had not been explored which meant the provider had not always followed effective recruitment procedures to check that potential staff employed had the skills and experience needed to carry out their roles.

At the last inspection staff had not attended training relevant to people's needs. At this inspection training

had improved. However, some staff had not received basic training before providing care and support to people in their homes. Medicines training had not yet been completed by some staff; these staff were administering medicines to people. This is an area for improvement.

Staff told us they received regular supervision meetings and regular spot checks to ensure that they were putting their training into practice. They felt they had good support from the provider.

Although some improvements had been made to risk assessment processes since the last inspection. People's care records did not always evidence that the provider had assessed risks to people's safety. One person's care file detailed that they were cared for in bed. There was no risk assessment for staff to detail how staff should safely manoeuvre the person when providing personal care, there was no information about what equipment was in place.

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

Systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. These systems were not fully robust as they had not identified the areas for improvement we found during the inspection.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The assessment process did not explore people's gender, nationality or ethnicity. This was an area for improvement.

People were supported and helped to maintain their health and to access health services. Timely action had been taken when people's health changed. Any accidents or incidents that had occurred had been appropriately recorded. Appropriate action had been taken when accidents and incidents had occurred. We noted there were no sections on the incident and accident forms to evidence that the provider had reviewed the information and what additional action had been taken to reduce the risks of the incident occurring again. This is an area for improvement.

At this inspection care plans had improved. Care plans had been reviewed and amended regularly including when people's needs had changed. Some people's care plans provided a detailed account of what staff needed to do and what the person could do for themselves in relation to their personal care. This included making sure that people received oral care to maintain healthy teeth and gums. However, some care plans did not detail fully what help and assistance people required. This was an area for improvement.

People knew who to complain to if they needed to. The complaints procedure was available in the office and people had copies within their handbooks in their homes. People had opportunities to feedback about the service they received.

People were protected from abuse or the risk of abuse. The provider was 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. Some people's daily records did not show clearly what people had been given to eat. This was an area for improvement.

People and their relatives told us Tiger Lily Care was well run. They knew the provider and had confidence in

the staff. Relatives told us they had recommended the service to their friends and families.

There were suitable numbers of staff on shift to meet people's needs. People received consistent support from staff they knew well. People told us that staff were kind and caring. Staff treated people with dignity and respect.

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

People were protected from the risk of infection. Staff were provided with appropriate equipment such as gloves and aprons to carry out their roles safely.

We found four 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.

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.

Potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to follow to mitigate risk.

People were protected from harm and abuse. Concerns were reported to outside agencies.

The provider had not always followed safe recruitment practices. Staff did not always have allocated time to travel to people's care visits. There were sufficient staff to meet people's needs.

Incidents were recorded and analysed to identify trends and patterns. Action was taken when incidents occurred however the provider had not always documented what further actions were required to reduce the risk of them happening again.

Medicines were managed safely and people received their medicines when they needed them.

People were protected from the risk of infection. Staff were provided with appropriate equipment to carry out their roles safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People had been assessed before they began to use the service, to make sure staff could meet their needs. The assessment process did not explore people's gender, nationality or ethnicity.

Staff had received appropriate training for their roles. Staff received supervision to develop their role.

People were supported to obtain health care when they needed it.

Staff worked within the principles of the Mental Capacity Act 2005. Care records didn't always evidence that relatives were

Requires Improvement ●

legally entitled to make decisions on a person's behalf. This was an area for improvement.

People were supported to eat and drink a balanced diet and have a healthy lifestyle. Records relating to this were not always complete.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible.

People were treated with dignity and their privacy was respected. Staff were kind and caring.

People were involved in decisions about their care.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Some people's care plans provided a detailed account of what staff needed to do and what the person could do for themselves in relation to their personal care. However, some care plans did not fully detail what help and assistance people required.

Tiger Lily Care 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 knew how to complain. There had not been any complaints about the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider completed regular audits on the quality of the service. The audits had not identified the issues found in the inspection.

The provider had introduced further quality management systems to the service which were in the process of being embedded.

There was an open and transparent culture at the service. People and relatives were asked for their opinion of the service.

Staff felt well supported by the provider.

The provider was keen to attend local forums to keep up to date and continuously improve the service.

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.

The inspection site visit activity started on 04 September 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care service and the manager is often out of the office providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector. The inspection included telephoning people and their relatives and staff to gain feedback, these telephone calls took place over several weeks as we had trouble getting hold of people. The last telephone call was held on 19 October 2018. We visited the office location on 04 September 2018 to see the provider and to review care records and policies and procedures.

Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people who received care and support and three relatives. We also spoke with three members of staff and the provider who owned and managed the service.

We requested information by email from local authority commissioners who are health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included seven people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at four staff files, a sample of audits, satisfaction surveys and policies and procedures.

We asked the provider to send additional information after the inspection visit, including contact details for

people, relatives and staff. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At the last inspection on 20 December 2017 we found breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective recruitment procedures. The provider had failed to manage care and treatment in a safe way and failed to ensure that medicines were suitably managed. We also recommended that the provider made it clear to people and their relatives the emergency contact arrangements relating to the service if they took a holiday.

At this inspection, there were further concerns relating to the operation of effective recruitment procedures. 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. Two of the four staff files we viewed showed gaps in employment history that had not been explored. One staff member had a gap from 1983 to 2004 which the provider had not explored. Another staff member had two gaps from 2010 to 2013 and 1979 to 1989 which the provider had not explored or documented. However, there were some improvements; all the staff files had photographs. References had been received by the provider for all employees. 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 had also been checked.

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

The provider had purchased software to help them plan and manage the rotas since the last inspection, this had only been in place for a few weeks and the provider was still learning how to use it to its full potential. We identified that there was no travel time between care visits showing on many staff rotas and in some cases overlapping care visits. For example, one staff members rota showed on 04 September 2018 that they were working with one person from 07:00 to 07:45 and then another person from 07:20 to 08:15, then on to work with another person from 08:15 to 08:45. We spoke to the provider about this who agreed to make amendments to ensure that staff had adequate time to travel between each person's care visit. However, through telephone calls with staff several weeks after the site visit, amendments and improvements had not been made. Staff confirmed they still had back to back calls with no time allocated for travelling. Staffing rotas showed that people received consistent care and support from staff.

The provider had failed to effectively deploy staff to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made to risk assessment processes since the last inspection. People's care records did not always evidence that the provider had assessed risks to people's safety. One person's care file detailed that they were cared for in bed. There was no risk assessment for staff to detail how staff should safely manoeuvre the person when providing personal care, there was no information about what equipment was in place. The person's care file detailed that they had type two diabetes.

Information within the diabetes risk assessment stated what action staff should take if the person suffered from a diabetic emergency. However, the risk assessment and care file did not detail what the signs and symptoms would be of a diabetic emergency and treatment staff should give. Some risk assessments had been updated and amended when people's needs had changed. One person's risk assessment showed that they required hoisting from their bed to a chair when their mobility had deteriorated following a hospital stay. Another person's falls risk assessment had been updated on 03 September 2018 to evidence that they were at risk of falls, they had last fallen on 02 August 2018. The risk assessment did not provide staff information about how to mitigate the risk. Catheter care risk assessments had improved.

The failure to manage care and treatment in a safe way through assessment and mitigation of risks was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received safe care from consistent staff. Comments included, "I get the same carers. I am not mobile, they use the hoist to lift me up. I feel safe"; "They [staff] are alright, a few girls come in, one or two more regularly than others, always at the right time. If they are going to be late they call me" and "I feel safe." A relative said, "They made us feel safe and well. I know they would help at any time if we asked."

Improvements had been made to how the service managed medicines safely. Some people managed their own medicines and some people had help from their relatives to manage their medicines. Where Tiger Lily Care were required to help and support with medicines there were medicines administration records (MAR) in place. The MAR charts we checked showed that medicines had been given as prescribed. Relatives confirmed that staff administered creams that had been prescribed. Medicines were printed on to the MAR charts. When additional medicines had been prescribed these had been added to the MAR by hand and signed off by the provider to evidence the records had been audited and checked.

People were protected from abuse and mistreatment. The staff and provider had a good understanding of their responsibilities in helping to keep people safe and they would have no hesitation raising concerns with the appropriate people if they needed to. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Measures were in place to minimise the spread of any infection. Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of personal protective equipment (PPE) kept in the office. People confirmed that they had gloves and aprons in their homes for staff to use.

Any accidents or incidents that had occurred had been appropriately recorded. Appropriate action had been taken when accidents and incidents had occurred. One Incident form showed that a staff member had found a person on their floor next to their bed. They had called for the emergency services and was supported by paramedics to check for injuries and help the person up off the floor. One incident form showed that a staff member had suffered a needlestick injury. The records showed that the staff member used anti-bacterial gel to clean the wound and the provider had suggested that the staff member sought a blood test. The record had not been updated to evidence that the staff member had been seen by the hospital to carry out blood tests. We noted there were no sections on the incident and accident forms to evidence that the provider had reviewed the information and what additional action had been taken. This is an area for improvement. The provider shared that they discussed incidents and accidents and learning from these with staff in meetings and through discussions with staff using group chat applications on their mobile phones.

Is the service effective?

Our findings

At the last inspection on 20 December 2017 we found breaches of Regulations 9, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and treatment with the consent of the relevant person. The provider had failed to provide training and support for staff relating to people's needs. The provider had failed to meet people's healthcare needs in a timely manner.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. One person told us, "I do the food shopping once a fortnight online. The girls [staff] do the food." A relative explained that staff supported their family member with preparing breakfast and lunch. They said, "They always give choices." Care plans detailed the support people needed. People's likes, dislikes and preferences of food and drink were recorded. People purchased their own food through shopping with support and through support of their relatives. Staff detailed how they supported people to eat foods they liked. Some people's daily records did not show clearly what people had been given to eat. One person's read 'Drinks and breakfast given' however another care visit to this person recorded that the person had eaten 'Soup, crisps and custard tart for tea'. This was an area for improvement.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA 2005. There were procedures in place and guidance was clear and 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 knew about the MCA 2005 and gave examples of how they involved and encouraged people to make decisions about their care. People who had capacity had consented to their care and support and this was clearly documented. One person's care file contained evidence that a best interests meeting had been held in relation to a specific decision. The person had been supported by a relative and other health and social care professionals were present. Some people's care records did not contain consent forms. The provider told us this was because they had just started to provide support for these people and their paperwork was in the process of being prepared. One person's care records contained a consent form that had been signed by their relative as they had been assessed as not having capacity to consent to care. It was not evident from the care file whether the relative was legally able to sign the consent form as there was no information to show whether they were the lasting power of attorney for the person in relation to health and welfare. This was an area for improvement.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. One person told us, "[Provider] met me the day I was discharged from hospital in

March." They went on to explain that they had been asked about their care needs and discussed their preferences which included their preferred name. The assessment checked people's details such as marital status and religion, and checked their preferences and support needs. The assessment process did not explore people's gender, nationality or ethnicity. This was an area for improvement.

At this inspection staff had taken timely action when people's health needs had changed. One person's care records showed that staff had taken action when they identified problems with the catheter working effectively and when there appeared to be blood in the urine. The person told us, "The carers [staff] noticed there was blood in the urine so I called the doctor and went into hospital." 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. A relative told us that staff were very good at identifying and reporting any changes in their family member's skin integrity. They also told us, "They [staff] have contacted the district nurse and GP before for advice."

At the last inspection staff had not attended training relevant to people's needs. At this inspection training had improved. However, further improvements were required. Some staff had not received basic training before providing care and support to people in their homes. Medicines training was being worked through and some staff had completed their medicines course. However, some staff that had not yet completed the training and course were administering medicines to people. This is an area for improvement. The training records showed that training included, moving and handling, confidentiality, infection control, epilepsy, record keeping, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS), safeguarding adults, first aid, basic food safety awareness, sharps awareness, diabetes and dementia care. The provider had made links with training providers and staff were receiving training from approved trainers.

The provider sent us monthly emails to evidence that they were auditing and monitoring staff training, this showed that staff were completing courses relevant to their roles and further training courses had been identified as necessary. People and their relatives told us staff were well trained. Comments included, "They are always on training. I feel they are well trained"; "Staff were confident and competent" and "They are well trained, they have had extra training." One relative explained that when their loved was allocated a new piece of equipment staff attended training in their home to learn how to use it.

Staff told us they received training and support from the provider when they needed it. One staff member said, "I always message [provider] she is good at getting back to me, I get support." Another staff member told us they had just started a work based qualification.

Staff completed an induction when they started to work at Tiger Lily Care. Induction training took place on the day of the inspection. Induction included shadowing experienced staff as well as completing courses and the Care Certificate. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life. One relative told us, "New staff once being shown and told something don't need telling again and again." 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.

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and friendly. Comments included, "They are a great bunch of girls [staff]"; "She's very kind and they are lovely"; "They are very, very gently, respectful and tolerant"; "Staff were wonderful, they went above and beyond most of the time"; "Mum liked the young girls, they were always smiling which perked her up" and "I am very happy, they are all very nice."

People and their relatives said staff treated them with dignity and their privacy was respected. People told us, "Privacy is respected, I don't worry about it" and "They respect my privacy." Staff were clear on how to maintain people's dignity when supporting them with their personal care. They ensured people's curtains and doors were closed. One staff member said, "I cover people up, shut the door and am mindful of others in the house." Relatives told us, "They are very respectful of privacy and dignity" and "They are mindful of privacy and dignity – I couldn't fault them." A staff member explained that when they entered a person's home who had a key safe fitted, when entering they called out "It's only me [and told the person their name]."

People were supported to live independently in their own homes. People told us that they only had care and support in certain areas. Some people were able to manage their own medicines and prepare food and drink for themselves and others could not. A staff member told us, "I talk to people and listen to them and encourage independence." One person told us, "I do food myself. I did have two care calls a day and now I'm down to mornings only." People felt they were listened to. Some people were supported by relatives who advocated for them. The service responded to people's communication needs on an individual level.

People's confidential records relating to their care were kept by the provider on computer which was accessed using passwords to protect people's data and to maintain people's privacy. Paper records and information was stored in locked filing cabinets in the office. People had a copy of their care plan, risk assessments and other essential information in their homes.

The provider carried out assessments with new people who had been referred to the service. They met with people in their homes or hospital and involved the person and their relatives. From the initial assessment, care plans and risk assessments were developed to list people's wants, needs and preferences in relation to their package of care.

Staff had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes. People and their relatives told us staff took time to chat with people. One relative said, "They are never in a rush to get away."

Staff had built positive relationships with people and their relatives. One staff member shared with us how they had been getting to know a new person they were supporting. They had found that the person enjoyed singing and responded well to their name being added to songs to replace some lyrics. They said, "He smiles and it lights up the room." Relatives said, "They are approachable and friendly; all staff are nice" and "They were like family."

Is the service responsive?

Our findings

At the last inspection on 20 December 2017 we found breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish and operate effective complaint systems. The provider had not ensured that people received appropriate care that met their needs and reflected their preferences.

At this inspection care plans had improved. Care plans had been reviewed and amended regularly including when people's needs had changed. One person's care plan showed that the person had a catheter fitted. It clearly detailed what actions staff should take when emptying the catheter. One person's mobility had deteriorated since we last inspected the service. Their care plan clearly showed this and detailed what staff were now required to do to meet the person's changing needs. The person told us that staff had responded well to the change in their care needs. Another person's records showed that the provider had contacted the local authority to feedback that staff were finding it difficult to support the person with their personal care in the time they had been allocated. This led the local authority to increase the length of the care call which meant that the person was given time to wake up and be supported without rushing.

Some people's care plans provided a detailed account of what staff needed to do and what the person could do for themselves in relation to their personal care. This included making sure that people received oral care to maintain healthy teeth and gums. However, some care plans did not detail fully what help and assistance people required. One person's care plan detailed that they may already be out of bed and up and about. So, staff should assist the person to shower and wash their hair or to just get dressed and prompt the person to take their medicines. The care plan did not detail whether the person required help to manage their oral hygiene. We checked the person's daily records and found that staff had written notes which evidenced that they had soaked the person's teeth which indicated that the person had dentures. The daily records showed that staff had recorded that the person had only been supported four times in 14 visits (over a seven day period) to clean their teeth. The care plan did not specify that the person had dentures and did not state what assistance the person needed with managing their oral hygiene. This meant that if new or unfamiliar staff provided care and support to the person they would not have all the information required to provide good quality care which met the person's needs. This was an area for improvement.

Relatives told us that the service was responsive to their loved ones needs. One relative said, "A couple of times mum fell, I rang them and asked them to come early to help me get her up. They always responded quickly." Another relative said, "They are on the ball, they make it easier for me."

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. The provider advised us that all 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. One relative shared, "[Provider] has given advice to me to contact the hospice, the GP, the community nurses." They explained that they valued the support and advice given. This had helped them

gain health professional support when they did not know it was available.

At this inspection effective complaints systems were in place. People and their relatives knew how to complain. Comments included, "I've got no complaints about them"; "I am very happy with the service. I have not complaints or concerns" and "We would go to [provider] if we were concerned or had complaints." The provider had purchased a new management system which included new policies and procedures. The new complaints policy clearly detailed the provider's complaints processes including timescales for responding to and investigating complaints. The new complaints policy had not been updated in people's information packs. The provider planned to do this in the near future. The provider had not received any complaints about the service since our last inspection. The provider told us that the complaints process was explained to people and their relatives in writing and verbally. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider told us that no other versions of the complaints process were required at the current time as the written version met everyone's needs.

Is the service well-led?

Our findings

At the last inspection on 20 December 2017 we found a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

At this inspection, the provider had introduced quality monitoring systems. These were still being embedded, there was further improvement required to ensure the quality systems and processes were robust. Further embedding and improvements to quality monitoring would give the provider a clear overview of the service to assess, monitor and improve the quality and safety of the service. The provider had introduced audits which had not identified the issues we found during the inspection; such as effective recruitment procedures, effective risk management, scheduling of care visits to ensure adequate time has been allocated to enable staff to travel between care visits.

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

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 company who specialised 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. The provider was in the process of integrating the new policies into the service and personalising to Tiger Lily Care.

The company who had provided the policies and procedures for the service had carried out a health and safety inspection of the service on 06 July 2018. The provider had taken on board actions and recommendations from the inspection. For example, the provider had ordered temperature probes for staff and a small kit so that staff could adequately check the temperature of people's bath and shower water when they were providing personal care. This was to ensure risks of burns and scalding could be minimised. The health and safety inspection had also identified that the provider needed to complete driving at work risk assessments for all staff who used their cars for work purposes. This action had not yet been completed.

Since the last inspection the provider had introduced further quality checks and systems to monitor the service. Tiger Lily Care had undergone an ISO9001 inspection on 24 July 2018. ISO9001 is the international standard that specified requirements for a quality management system. Organisations use the standard to demonstrate their ability to consistently provide products and services that meet customer and regulatory standards. The ISO9001 report gave a list of recommendations which the provider needed to meet by August 2019, these were being worked on.

Staff meetings had taken place. The records of the last meeting held on 08 August 2018 showed that the provider gave staff information about the new company providing management support policies and training. Reminders were given to staff about practice and access to work based qualifications was discussed as well as talking about people who received care and support. Staff told us they had the

meetings on a regular basis and one staff member who didn't drive was enabled to attend the meeting virtually by using video calling.

The provider had signed up to websites and newsletters to keep themselves up to date with local and national practice. They had not yet 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 had applied to attend one registered provider event which had been oversubscribed so they didn't get a place. The local authority had given the provider some links to forums and meetings in a recent meeting to enable the provider to gain information, support and advice. The provider planned to make use of these to enable them to improve the service further.

People and their relatives told us that Tiger Lily Care was well run, everyone we spoke with knew the provider. Comments included, "It is definitely well run, the staff are all concerned about the people they care for; they put [loved one] before themselves"; "I couldn't fault them; I have recommended them to others"; "I've recommended them to three other people on the peninsula" and "We are very happy with them. They are by far and away the best. We have had experience of care companies that have been poor before."

Since the last inspection people had been given opportunities to feedback about the service they received. People had been sent surveys which they could complete anonymously if they wished. There had been 11 surveys completed and returned. All 11 surveys were positive about the care and support received. One survey said, 'As a family we are extremely happy with the care provided by Tiger Lily Care. The staff and management are attentive, patient and compassionate. We would have no hesitation in recommending their services and feel fortunate to have such a good service so nearby'. One survey had relayed that the person felt they had not been visited by management. The provider had looked into this feedback and reported that they had in fact visited the person on four occasions to provide care and support. We discussed the feedback with the provider and they felt they may need to make it clearer who is who in the service within the information given to people when they start to receive a service.

The provider's feedback file contained compliments from relatives. One read 'We both want to thank you and the girls for all the help you have given her. I know where to come should I need help in the future.' Another said, 'Thank you for you and your team's ongoing input she really has superb care'. A relative had written to thank the provider for funeral flowers that had been sent when their mum had passed away. They had written 'You and your team only looked after mum for a short time but I know she felt very comfortable with everyone who visited her.'

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, receive important messages from the provider and to ask for help and advice. A relative told us that communication was effective. They said, "I spoke with one girl [staff member], who passed on a message to all of the staff through the group [name of group chat service]."

Staff told us they could access the provider at any time by telephone or by popping in to the office. One staff member said, "I always message [provider], she is good at getting back to me, I get support." We observed staff doing this during the inspection.

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'. It was clear that this statement of purpose had been communicated to staff. Staff continued to do 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.

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.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. We found the provider had displayed a copy of their rating in the office and on their website.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage care and treatment in a safe way through assessment and mitigation of risks. Regulation 12 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective quality monitoring systems. Regulation 17 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to effectively deploy staff to enable them to carry out their duties. Regulation 18 (1)(2)

