Tigheaven Ltd

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Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 30 October 2015 and was announced. Tigheaven Limited provides personal care for people living in their own home in the London borough of Lewisham. At the time of the inspection there were 10 people using the service.

At the last inspection on 24 April 2014, the service was meeting the regulations we inspected.

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.

People were protected from harm. The service had processes to keep people safe. Needs and risks assessment were completed and care plans were developed to appropriately meet people's needs and manage any risks identified.

Summary of findings

People were cared for by staff that had appropriate skills, qualifications, support, training and knowledge. Sufficient numbers of staff were employed to care and support people. Medicines were managed safely and people received their medicines as prescribed.

Staff sought consent from people and encouraged them to make choices and decisions about the way in which they wanted to be cared for. The registered manager had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their responsibilities of MCA while providing care and support people living in their own homes.

People were treated with kindness and compassion and their dignity and privacy respected.

People were cared for by staff that knew them well and met their care and support needs. They had access to health care advice and support when required. People had access food and drink to meet their needs and preferences.

There were systems in place to monitor and improve the quality of service delivery. People and their relatives were asked for their views and their feedback. The manager was aware of their responsibilities as registered manager with the Care Quality Commission.

People were provided with the provider's complaints process. Staff acted on complaints to resolve them promptly.

Summary of findings

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 safe. People were protected from abuse. Risks to people were identified and plans in place to manage them.

Sufficient staff were available to care for people. Medicines were managed safely and people received them as required.

Good

Is the service effective?
The service was effective. Staff had access to training, supervision and an appraisal, which supported them in their role.

People had access health care support when required.

Meals were prepared for people meet their preferences and needs.

People were supported to make decisions regarding the care they received. The provider was aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring. People were cared for by staff who knew them and how to meet their needs.

People were treated with kindness and compassion and their dignity and privacy respected.

People were involved in the assessment and planning of their care and support.

Good

Is the service responsive?
The service was responsive. Assessments were completed involving people to identify care needs and care plans developed to meet them.

People were provided with complaint forms and the manager dealt with complaints raised appropriately.

Good

Is the service well-led?
The service was well-led. The quality of care was monitored and reviewed and improvements made to the service.

The manager sent appropriate notifications to the Care Quality Commission.

Good

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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 30 October 2015 and was announced. The provider was given 48 hours' notice because staff are often out during the day and we needed to be sure that someone would be in.

One inspector carried out the inspection. 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, which the service is required to send us by law.

At the time of the inspection, we spoke with the registered manager. We reviewed five care records, five staff records. We 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 and one care worker.

Good

Is the service safe?

Our findings

People were kept safe from harm. Staff were knowledgeable, skilled and trained in safeguarding procedures. They understood how to identify signs of abuse. They could explain how they would raise an allegation of abuse to their manager or local authority safeguarding team. One person told us, “Staff make me feel very safe when they care for me.” People could be confident that the provider and staff had skills and knowledge to keep people they cared for safe.

Risks to people were identified and action plans were in place to reduce occurrence. For example, a risk assessment identified when a person was at risk of developing pressure ulcer. Staff took appropriate actions by implementing risk management plans to monitor and minimise the risk. The registered manager made referrals to health care specialists for equipment to help protect the person from developing a pressure ulcer. Another example was a person who was at risk from an unhygienic environment. Staff completed a risk assessment of the environment and actions were put in place, which identified and reduced the risk. We saw that health and safety of people’s environment were appropriately managed and the provider contacted the local housing department for repairs and maintenance issues to make the person’s home safe.

People were protected from the risk of infection. Staff were aware of the provider’s infection control policy and they were aware of recent guidance from the Lewisham clinical commissioning group (CCG) in the management of infection control. Staff were aware of how to take actions to reduce the risk of infection. For example, personal protective equipment, gloves, aprons and hand sanitising gel were provided to staff prevent and reduce the risk of infection.

Staff were equipped to manage people’s medicines safely and in accordance with the prescriber’s instructions. Staff were able to demonstrate how they supported people safely with their medicines. The service had a medicines management policy in place to provide guidance for staff. The registered manager assessed staff competency in the administration of medicines. A pharmacist from the CCG regularly provided additional training, support and guidance to staff in the safe management of medicines. The registered manager completed medicine audit checks every three months on the medicine administration records (MAR). We noted that they were no concerns raised with these.

People were cared for by sufficient staff to meet their care and support needs. We looked at the staff rota and we saw that the numbers of staff available to care for people was appropriate. For example, if people required the assistance and support from two care workers they were made available. The registered manager had suitably qualified staff to provide care to people.

People were cared for by staff that were recruited, appropriately and safely. Staff had appropriate checks carried out to ensure staff were safe to work before supporting people. Staff records held information of work references, the interview process, criminal records checks and copies of identification and documents, which authorised staff the right to work in the UK.

Good

Is the service effective?

Our findings

People were cared and supported by staff that had appropriate skills. Staff completed an induction programme before working with people to ensure they were competent. Staff completed training, which equipped them to care for people in a safe way. Training needs were identified by staff through regular supervision and appraisal. All staff had completed mandatory training, which included safeguarding people and basic life support. Training in medicine management was provided and staff completed this and attended a refresher training each year. The provider completed observations and spot checks to assess whether staff applied knowledge learnt. The provider supported staff so that they were skilled, knowledgeable to meet the care and support needs of people they cared for.

Staff obtained consent from people before supporting them. One person told us, "My care worker always asks me how I want things done, she explains and then helps me." Staff we spoke with told us that they were aware of the need for consent before supporting a person. The provider had an awareness and knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure they supported people within this framework. Staff completed recent training in MCA and DoLS, so their knowledge was updated and relevant.

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

People were supported to eat with sufficient food and drink which met their needs. Staff supported people with meals, which met their preferences and health care needs. A care worker told us, "I care for a client who has a health condition and I am aware that they cannot eat certain food." A person told us, "[Care worker] gives me food which I ask for." People's nutritional needs were appropriately managed by staff. For example, staff completed people's shopping and prepared meals in line with their healthcare needs. Some people required encouragement with eating and staff supported them with this. The provider protected people against the risk of poor nutrition and hydration because staff had an awareness of these needs and how to manage them.

People's health care needs were identified and acted on promptly. Changes in people's health were reported to the registered manager or office staff promptly. The changes were reported to relevant health professional for additional support. For example, staff identified a new concern with the person's health. They identified that a person could benefit from the community nursing service. The person's care records reflected a referral was made to the nurses, with details of follow up actions taken to resolve and manage this concern. People could be confident that staff would take actions so they had access to appropriate support and treatment, reducing risks to their health.

People were supported to access health care services. The registered manager had an awareness of peoples health care needs because staff informed them and appropriate actions were taken. For example, a staff member noted that a person required additional support from a health care professional with their mobility. The registered manager was able to make a referral to an occupational therapist for additional support and equipment to support the person's needs. People were cared for in a safe a way that met their needs, reducing the risks of poor health because the provider took necessary actions.

Good

Is the service caring?

Our findings

People were cared for in a way which took into account their personal histories and preferences. Care records documented people's assessed needs and the support they required to meet them.

People received information and explanations from the provider about their care. For example, the person we spoke with told us that they received a copy of their assessment and care plans. One person told us, "I have a copy of my care plan so I know what care I am having each day."

People were treated with dignity and respect. One person told us, "Staff are good and very caring. We respect each other." People were cared for in their own homes and we were unable to observe interactions between staff and people using the service. However, staff spoke about people they cared for in a courteous and caring way. Staff demonstrated that they knew people well and were able to describe their needs to us. Care was delivered to people whilst their dignity and respect was maintained. Staff developed good working relationships with people they cared for and with their relatives. This encouraged staff to care for people in a way they wanted and issues or concerns were managed and resolved promptly.

Staff supported people to manage some care tasks for themselves. For example, people were supported to manage their personal hygiene needs. However, where a person had difficulties in managing this staff supported them.

People's care records in the office were stored securely. These were kept in a locked cupboard and staff had access to them when needed. Staff were aware of the need to maintain confidentiality while keeping people's personal private information safe. Records were completed daily or when care was provided to them. People's care records in their home and were kept safely and confidentiality maintained.

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs. For example, people had regular reviews of their care and support needs. Needs were identified and staff delivered care to meet them. People had an assessment of their needs before receiving a service. The outcome of the assessment determined whether people's needs could be met by the service.

People received the support and equipment they needed to remain safe. Professional support and guidance was sought when needed. For example, the community nurse recommended that a person was supported with repositioning whilst in bed using specialist equipment by staff. Records showed that the service took into account and implemented professional recommendations and guidance to improve the quality of care for them to reduce the risk of health deterioration.

People and their relatives were involved in making decisions in the planning their care. They were involved in assessments and reviews of their needs. One person told us, "They [staff] have kept us informed of everything. Make my [friend] feels in control." People's care plans were developed with them and appropriate support in place. People had copies of assessments and reviews as a record of their care and support.

People were encouraged to contact the provider to discuss concerns they had about the quality of care. For example, one person told us "I ring the office to talk about any issues I have with the care if I need to." A person had raised concern about a care worker arriving late. The registered manager investigated this issue with the care worker and the person who raised the concern. The person did not want the care worker changed, as they were happy with the care provided. The outcome of the investigation was that the care worker's rota was reorganised which allowed them sufficient time to travel to attend to the person's care needs promptly. Following this change in care worker's work rota, the person raised no further concerns about the lateness and their concern was resolved to their satisfaction. People could be confident that issues, which may affect their care delivery, were resolved promptly and appropriately.

People were encouraged to make comments and complaints. People had a copy of the complaints form so they could make a complaint if needed. The registered manager described how they would manage and review complaints or comments promptly. There were no records of complaints made at the service.

Good

Is the service well-led?

Our findings

People received care and support from a service that was well-led. There was a registered manager in place at the service. The registered manager had experience of delivering hands-on care from their previous work experiences. They would provide care and support to people if they were short staffed or in the event of emergency. The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.

The registered manager carried out monitoring checks of the service. For example, people's care records and monitoring charts were accurate and up to date. The care plans we looked at were regularly reviewed to assess people's needs.

The registered manager ensured staff had effective, regular support to equip them to care for people. The registered manager carried out routine home visits and offered people the opportunity to discuss any issues they had. The office based staff also completed spot checks, telephone reviews and observations of care workers. People received a safe service because the registered manager routinely monitored the quality of people's care and a plan implemented to address any concerns. Issues of concern that arose were dealt with appropriately to address them.

People and their relatives were encouraged to feedback to staff and the manager annually. The registered manager analysed the responses people and their relatives made. The analysis showed that the majority of people were satisfied with the quality of care provided. Staff supported people to provide their feedback and action taken to make improvements to the service. For example, when a person commented about the timing of their care visit. A meeting was held with the person. The time of their care visits were changed with the person's agreement.

Staff were responsible in their caring roles. Staff had regular meetings where they discussed issues relating to the service and their job. When issues arose regarding how to best support a person this was discussed and strategies developed and implemented to address those concerns.

Staff were encouraged to participate in team meetings and made changes to improve the quality of the service. We saw that the suggestions made were acted on. For example, staff were involved in maintaining regular communication with the local authority. As a result, the provider had developed a working relationship with the local authority. They contacted them when needed for support or advice.