

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 ●

Summary of findings

Overall summary

Tigheaven Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection nine people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People had care assessments that identified their needs. Risks associated with people's health and well-being needs were identified and managed well to mitigate risks found. The provider's safeguarding policy and training guided staff on how to identify abuse and to report any allegations of abuse appropriately.

People had staff support with the administration of their medicines in a safe way. Medicine administration records were reviewed to ensure these were completed accurately.

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

People identified their own social activities and participated in these as they chose. People had meals that met their preferences, choices and cultural needs when this was arranged as part of their package of care.

People and their relatives told us they were satisfied with the care and support received and with the management of the service. People understood how to make a complaint about the service if they were unhappy with aspects of their care.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 11 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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.

Inspection team

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

Service and service type

Tigheaven Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. Inspection activity started on 10 September and ended on 26 September 2019. We visited the office location on 26 September 2019 to see the registered manager, office staff and to review care records and policies and procedures. An Expert by Experience made telephone calls to people and their relatives on 10 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted the local authority commissioning team and reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and two relatives about their experiences using the service. We spoke with four members of staff. This included the registered manager, a member of the office staff and two care workers. We reviewed three people's care records and two staff files that included recruitment, training and supervision records. We also reviewed records related to the management of the quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support and information related to the inspection. We did not receive any feedback from the health and social care professionals we contacted.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to potential financial abuse of people using the service. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- The registered manager had implemented a new system for the management of people's money. For example, when staff completed shopping for people this was recorded on a money handling form. Staff were consulted with and agreed to the implementation of the money handling form and they found this system robust. Staff recorded the amount of money received, why the money was used and completed a money reconciliation check. These records were signed and confirmed by the person using the service and the member of staff. The registered manager audited these forms once returned to the office for accuracy.
- There were systems in place to help protect people from the risk of harm and abuse. The provider had a safeguarding policy which gave the registered manager and staff guidance to safeguard people from harm.
- Staff had safeguarding training which equipped them to understand abuse and actions to take to minimise this risk. The different types of abuse were understood by staff who reported any allegations of abuse promptly to the registered manager and local authority for investigation.

Assessing risk, safety monitoring and management

- People had risks associated with their health and well-being assessed and managed safely. People and relatives said that they felt safe receiving care and support from staff.
- Each person had an assessment that identified risks that affected their daily lives. For example, one person required support from two members of staff because they were at risk of falls. The risk management plan detailed the required staff support to reduce the likelihood of this risk occurring.
- The provider had implemented a care call monitoring system that tracked care visits so people received their care on time. The monitoring call system was implemented in response to people who had previously reported to us and the registered manager they often experienced late visits.

Using medicines safely

- People had their medicines administered safely as required to maintain their health and care needs. People confirmed they had their medicines as prescribed. Staff completed medicines administration records (MARs) when they supported people with taking their medicines. Comments included, "[Staff] check my medicines to see if I have been taking them" and "They remind me to take my tablets."
- Each member of staff had completed training in medicine administration. This helped staff to develop their knowledge to support people effectively with taking their medicines. The registered manager assessed

staff's competency in medicine management to ensure their practice was safe.

- The Medicine Administration Records (MARs) we viewed were completed correctly. Any medicines that were not administered were accounted for and recorded on the MARs with an explanation. Each MAR was returned to the office for audit checks to ensure people had their medicine as required and staff completed these safely.

Preventing and controlling infection

- There was an infection control policy in place at the service and was followed by staff to ensure the risk of infection was minimised for people.
- The provider trained staff in infection control methods and they had access to personal protective equipment such as gloves and aprons to help reduce the risk of cross contamination and mitigate any such risks.

Staffing and recruitment

- There was enough staff deployed to meet people's care and support needs. The staff rota was also available through the call monitoring system via an app on staff mobile phones.
- People said that they had enough staff to support their needs. One person said, "The carer workers are consistent but if a regular care worker is unable to come the manager has built a good relationship with my [relative] and she/he will come and take him/her out."
- The provider's recruitment process was followed to recruit suitably skilled and experienced staff. Each member of staff had pre-employment checks completed and these were recorded on their staff files. The checks included a job references request from previous employers, personal identification documents and a 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.

Learning lessons when things go wrong

- The registered provider had systems in place to monitor and review the service and captured incidents or accidents that happened at the service when providing care to people.
- Records showed and staff confirmed that the registered manager shared and discussed any concerns about the service with them. Team meetings were also used to identify and share any new learning when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an assessment of their needs before using the service. This enabled staff to decide if people's needs could be met at the service and whether staff had the skills to meet these needs in a safe way.
- Assessments included protected characteristics such as people's religion, culture, sexuality needs which are covered by the Equality Act (2010). People's assessments contained protected characteristics so staff were aware of them and to ensure they supported people in line with these needs.
- People had a full review of their health care, mobility, mental health and physical health care needs and any changes were updated in their plan of care.

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

- People had food and drink prepared by staff to meet their individual needs when this was required. One relative said, "The staff get [my family member] all her/his meals and drinks."
- Staff completed shopping for people when this was part of their package of care. Records were completed when staff handled people's money and the registered manager checked these to ensure these were correct.
- Staff completed people's care records and daily communication logs of when and what people ate to meet their nutritional needs.

Staff support: induction, training, skills and experience

- The registered manager supported staff through induction, training, supervision and appraisal. Newly employed staff shadowed experienced staff which helped them gain an understanding of the service and people using the service.
- Staff had supervision meetings and a yearly appraisal with their line manager. These meetings were used to explore staff performance and reflect on their achievements, personal and professional goals.
- Staff completed mandatory training to equip them with knowledge to be effective in their role. Records showed that staff completed training in safeguarding, first aid, medicines management. One member of staff said "The manager always lets me know when the training is due and the training is really good and important."

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

- People were supported to maintain their health needs through contact with health and social care professionals.
- People had their care needs assessed by health and social care professionals when their needs changed. Staff made prompt referrals to health services for additional support. For example, records showed when a

person's ability to walk had changed staff contacted the occupational therapy team for advice.

- Records showed and people told us that staff supported them to contact their GP if they needed this support. When people had seen their GP this was recorded in their care log books and any actions to be taken were discussed with the office staff'.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA .

- People gave staff their consent before they received any support to meet their care needs.
- Care records were signed by people or their relatives who had legal responsibility to act on people's behalf in agreement to their care and support plans.
- When people were unable to make decisions for themselves staff made referral to the local authority for a mental capacity assessment.
- Staff had completed training in MCA and DoLS and had an understanding of how to appropriately support people in the least restrictive way and within the legal framework of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs were known by staff and they were able to meet their support needs. People described positive interactions with staff. One relative said, "The care workers are empathetic and have a good knowledge of my [relative's] problems"
- People and relatives said they had developed meaningful relationships with care workers that visited them. Comments included, "They are always very friendly and treat me with respect, the previous care worker has become a friend and always sends me a Christmas card" and "They treat [her/him] just as they would treat their own [relative], they truly respect [her/him] and while keeping professional they treat her/him in a friendly personal manner."
- People's religious and cultural needs had been assessed so staff were aware of these. Some people and staff shared the same language and both were matched if this was what the person using the service requested.

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

- People and relatives were involved and contributed to their care plans. One relative told us. "The manager always consults me to ask if there is anything I would like changing or anything extra they can do to help me and my relative in relation to the care plan."
- People made decisions about how they wanted staff to provide their care and support. People's opinions were recorded in their care records so this information was available to staff to ensure these needs were met in line with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People using the service said that staff were respectful of their privacy and dignity. One relative said, "They treat [my relative] with dignity and keeps her/him modesty at all times."
- People took part in activities which interested them and they enjoyed. Staff supported people when they wanted to take part in activities outside of the home. For example, staff supported a person to go to social activities in their local community that they chose.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs were assessed to ensure staff had sufficient details about people's individual needs and this information was used to develop a plan of care.
- Staff reviewed people's care plan with them on a regular basis, to ensure their care remained relevant and staff had accurate information about people's choices and views on how their needs should be met.

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

- People took part in activities that interested them and met their needs. Some people managed their social activities themselves, while other people had social support as part of their package of care. One relative said that staff took their family member out into the local community often to the local park or café for a meal.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When people had specific communication needs these were recorded in their care plans. This meant staff could communicate with people effectively.

Improving care quality in response to complaints or concerns.

- People and relatives could complain about the care and support they received. People said that they knew who to make a complaint to if they were unhappy about an aspect of the service. One person said, "If I had any problems I would go straight to the manager, but I have never had to make a complaint."
- The provider's complaints policy supported people and relatives to raise a complaint about any aspect of the service if they were dissatisfied. The registered manager confirmed that there were no current complaints made in the last year.

End of life care and support.

- There was no one using the service who require end of life care.
- Staff had completed training in end of life which gave them an understanding of how to support a person if they required this care.
- The registered manager had an understanding of the health and social care professionals who could provide specialist end of life care and support so people had a comfortable pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Checks at the service were completed to monitor the service to ensure it was of a good standard. The registered manager reviewed people's care records including financial transaction logs and medicines management records for accuracy. Any areas for improvement were acted upon to improve the service.
- The registered manager had a team of staff that supported the management and delivery of care. Each member of staff had clear roles within the service and of their responsibility to ensure the service delivered effective quality care. There was a senior member of staff available on an out of hours basis to provide advice and support to people or staff in an emergency.
- The registered manager completed spot checks on staff and any areas for improvement were discussed with the care worker if this was needed. We saw one example where the member of staff needed reminding to complete all care records following each shift. Records showed that the registered manager had followed up this issue to ensure the member of staff met this expectation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager was present within the service and often provided direct hands on care to people using the service. The registered manager said working directly with people helped to develop relationships with them and their relatives.
- Staff we spoke with were complimentary about the registered manager. They said "[The registered manager] is really so helpful and understands and always has time to listen to me" and "When I needed some help in an emergency the manager offered me the support I really needed at that time."
- The registered manager kept the Care Quality Commission (CQC) informed of incidents and events that occurred at the service as legally required.
- The registered manager understood their responsibilities in line with the duty of candour and to share information when concerns are raised or when things go wrong.

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

- People gave their feedback and views about the service. The registered manager completed home visits and telephoned people for their feedback. The summary of people's response showed they were satisfied with the level of care and support they received. People said, "I have been given and filled in feedback questionnaires regularly. I believe the company is very well run" and "The manager is very friendly and always sends me a Christmas card."

- There were monthly team meetings which provided staff with the opportunity to meet colleagues and share their knowledge. One member of staff said, "it is a good thing that we meet regularly because we are out in the community and do not always see each other."

Continuous learning and improving care.

- The registered manager identified areas of the service for development. For example, the provider implemented an electronic system which monitored care workers arrival and departure time, provided access to staff rota, complete notes after each care visit the system also alerted office-based staff when staff arrived late for their visit. The registered manager said the incidents of people reporting late visits had reduced since the system was implemented
- Staff said that they were asked for their feedback about the service. Staff said that they were confident to raise any concerns with the registered manager.

Working in partnership with others

- The registered manager had worked with staff in the local authority and health care services that helped people receive effective coordinated care.
- Meetings were held with local providers and the registered manager attended these which helped them to develop local links and share information with other provider's to help improve their service.