Tiger Lily Care Ltd

Tiger Lily Care

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

About the service
Tiger Lily Care is a homecare agency providing care to people in their own homes. The service provides care to older people, people living with sensory impairments, learning disabilities, mental health needs, dementia and physical disabilities. 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. There were 26 people receiving personal care at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:
Staff supported people to live as independently as possible and be in control of their daily lives. People were provided with a choice in their decision-making and families were involved where people wished them to be. People's risks in relation to their care were managed and staff understood how to maintain people's independence whilst ensuring they were safe. There were sufficient staff to cover visits and people told us that staff were generally on time with no missed visits. We were assured that the service were following good infection prevention and control procedures to keep people safe.

Right Care:
People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken training to effectively support people. People told us that the care delivered was generally consistent and that staff knew people well. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences and interests. Care plans included information on the support staff provided in relation to oral care.

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.

Right Culture:
The culture of the service was open, inclusive and empowered people to live independent lives. People and

their relatives were complimentary about the service and felt their ideas and concerns would be listened to by the management team. People told us they felt that staff had helped them become more confident and independent where this was possible. Management had undertaken audits to look at ways of identifying issues and improving the service. Staff were complimentary about the registered manager and told us they were able to raise concerns with them.

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

Rating at last inspection
This service was registered with us on 12 March 2021 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published on 31 December 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Tiger Lily Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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

Inspection activity started on 16 November 2022 and ended on 29 November 2022. We visited the location's office on 18 November 2022.

What we did before the inspection
We reviewed the information we held since the service's registration. We sought feedback from the local

authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 4 people who used the service and 5 relatives to hear about their experience of the care provided. We spoke with 5 members of staff including the registered manager, a team leader and carers. We reviewed a range of records. This included 6 people's care plans and risk assessments, and 4 people's medication records. We looked at 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from the risk of abuse when staff undertook care visits in their home. One person told us, "Of course, I feel safe. I couldn't fault them at all." Another person told us, "I do feel safe." A third person told us, "I do feel very safe with them." A relative told us, "[Person] is remarkably safe with them." Another relative told us, "Definitely, we are safe."
- Staff told us they understood what constituted abuse and knew the steps they should take if they suspected abuse. One member of staff told us, "[Examples of abuse could be] bruises on the arms, not wanting to speak up. I would report it immediately and document it in the notes." Another member of staff said, "I would report it. If it was [registered manager], I would go to CQC." A third member of staff commented, "I would report it to my manager at first. If not, I would take it further like social services."
- There was a whistleblowing and safeguarding policy in place and staff told us they had undertaken relevant training on how to identify and report concerns. One member of staff told us in relation to whistleblowing, "It's for escalating things. I have read the policy so I can check if I need to."

Assessing risk, safety monitoring and management

- People and their relatives told us staff took appropriate steps to manage risks to them including the risk of falling whilst ensuring people were able to maintain their independence. One person told us, "Since I fell, I've lost all confidence. They walk behind me with my zimmer frame. They are wonderful." A relative told us, "[Person has] got a pressure mattress. Anything that's not right, they do come and tell me."
- Staff told us they knew how to reduce potential risks to people to ensure they were safe. One member of staff told us, "We always check the skin and we record it and I would let my manager know immediately and then the next of kin." Another member of staff said, "If I see the redness or the start of a pressure sore, I would let [registered manager] know."
- Where people had specific risks in relation to their care, there were clear instructions recorded within risk assessments for staff to follow. For example, where a person was at risk of falling, there were steps for staff to follow within the moving and handling assessment. This ensured people were supported appropriately and in line with the recommendations of healthcare professionals.
- Staff had undertaken risk assessments in relation to people's home environment. This included information on the type of house, concerns in relation to the environment and general housekeeping.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, addressing gaps in employment, identity checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People using the service and relatives told us they had not experienced missed visits and that visits were generally on time. One person told us, "They're usually on time." Another person said, "We have an arrangement and they always turn up in time." One relative told us, "They've never let [person] down. They've been late once or twice but generally not."
● The provider told us they were continuously reviewing the staff schedule to ensure distances between visits were as short as possible so that staff spent less time travelling.

Using medicines safely
● There were systems in place to ensure medicines were administered and recorded safely. For example, there were electronic medication administration records (EMARs) in place for people's medicines to be recorded in. EMARs included information on the dosage, the times for it to be given, the route of administration and what the medicine was prescribed for. Audits of the EMARs were undertaken regularly and issues were highlighted by the electronic system that was used by the provider and acted upon.
● People told us staff managed their medicines in line with their preferences and the prescriber's instructions. One person told us, "They always give me my tablets in the morning." One relative told us, "They do the medication. They've always managed that well. They remind us if [person is] getting low because we request the medication from the pharmacist."
● Where people were prescribed 'when required' medicines (PRN), there were plans for staff to follow on how to recognise that a person may need their PRN medicines and the maximum they were able to have in one day. For example, where a person was prescribed pain relief, this was clearly recorded in the PRN plan including when to escalate this to the GP.
● There were medication policies in place which included information on appropriate storage, people's right to refuse their medicines and how to report errors.
● Staff had completed training and undergone competency checks for the administration of medicines to ensure they had the skills required to give medicines. One member of staff told us in relation to medicines competency checks, "They watch everything I am doing. I've been supervised myself." Another member of staff said, "I have had my medication checks."

Preventing and controlling infection
● People and their relatives told us staff followed appropriate infection prevention and control (IPC) practices. One person told us, "They always wear a mask." A relative told us, "They've been good throughout when it comes to the infection precautions."
● The provider told us they had adequate supplies of PPE to ensure staff always had sufficient stock for their care visits in line with national guidance. One member of staff told us, "There's always PPE available."
● Staff told us they had undertaken relevant training and understood national guidance in relation to the appropriate use of PPE. One member of staff told us, "I did the infection control training."

Learning lessons when things go wrong
● Accidents and incidents were recorded and lessons learnt shared with staff to look at ways of reducing recurrence. Staff told us they understood their responsibility to raise concerns and record incidents and accidents appropriately. One member of staff told us, "I would let my manager know, write it in the log and fill in an accident form."
● The provider looked at lessons which could be learnt and any subsequent actions. For example, where a person had declined to use mobility aids, staff re-referred them to the occupational therapists and looked at ways to manage the situation whilst awaiting the referral.
●The registered manager understood their responsibility in reporting incidents to appropriate agencies,

such as the local authority or the Care Quality Commission. We saw that this had happened.

Good

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.

This is the first inspection of this newly registered service. This key question has been rated good.

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

- The provider had assessed information about the individual prior to agreeing to take on a package of care. Assessments included involving an individual's family and relevant healthcare professionals. One relative told us, "They did an assessment before they accepted [person]." Another relative told us, "We discussed all [person's] needs."
- Assessments included information about the prospective service user's gender, communication methods, personal preferences, goals, religious needs, underlying medical conditions and recent procedures.
- The provider was aware of their responsibility to deliver care in line with national standards, guidance and the law. The service had provided training for staff who supported a person with a learning disability which included Right Support, Right Care, Right Culture. This meant they were able to provide the person with the appropriate care.
- At the time of the inspection, the service was providing care to one person with a learning disability and was not planning to provide further people with this specialist care. A relative told us in response, "The carers that come here have worked in places [with people] with learning disabilities, so they have a lot of experience. The carers are just lovely, they really are."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and experience to provide effective care. One person told us, "They are definitely trained and they've been carers for a long time. You can see it." A relative told us, "I know they do a lot of training there. They notice things and let me know."
- Staff told us they had received induction training, regular training refreshers and competency checks. Training was delivered partly in-person, such as first aid and moving and handling training. Other training was delivered as online training. One member of staff told us, "First aid and manual handling is done in person. It's done in batches so everybody is covered." Another member of staff commented, "I'm doing the online training at the moment. We have to it every year."
- The registered manager had undertaken regular supervisions and spot checks to monitor staff performance and provide support. One member of staff told us, "I get supervisions from my manager." Another member of staff said, "She does supervision. It's a chance to say about training." A third member of staff told us they had spot checks to ensure they were delivering care in line with people's care plans, "We do have spot checks."
- We saw in supervision records we reviewed that staff had the opportunity to discuss challenges in their day-to-day work and how to overcome these. Supervisions were also an opportunity to address training requirements and how these could be met to improve the quality of life of people they supported. For

example, we saw staff had discussed the progress of their national vocational qualifications.

Supporting people to eat and drink enough to maintain a balanced diet
● Where people were supported with their meal preparation, they were encouraged to maintain a nutritionally balanced diet whilst their choices were respected. One person told us, "They do give me my breakfast. They put it out for me. It means I can be independent. They encourage me to finish it." One relative told us, "They do prepare it and [person] has a choice. [Person] won't eat salads. They don't force [person] to eat them. [Person] has a choice of the things [person] likes."
● Staff had undertaken relevant food safety training to ensure they had the skills to prepare nutritionally balanced meals in a safe way. One member of staff told us, "Yes, I did do the food training. It has to be hot all the way through."
● Staff understood their responsibility in encouraging people to maintain their independence in relation to meal preparation and for people to have a choice in the meals they wished to eat. One member of staff told us, "You always have to give a choice and I always ask [person] if [person] wants to do it [by themselves] with my help.
● People's care plans and risk assessments highlighted the level of support to be provided by carers in relation to meal preparation, appetite and if the person had a history of swallowing difficulties.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their relatives told us they felt supported by staff to access healthcare services when they requested this. The majority of people were supported by their loved ones to access healthcare support. One person told us, "They're flexible when I have an appointment." One relative told us, "If [person] needed a blood test and I couldn't go then I would ask them. They have done that." Another relative said, "They work very well with the district nurses. If there's blood on the bandages they let me know."
● We saw in care records that staff had liaised with the local authority, healthcare professionals and relatives to ensure healthcare needs were met in a timely manner. A healthcare professional told us, "They definitely do get in contact if they have any new pressure sores or skin tears."
● There were systems in place to ensure changes in healthcare needs were communicated effectively with the relative responsible for people's care in line with the person's wishes. One relative told us, "They're pretty good at catching on if anything is wrong."
● People's care plans included information on the level of support people were provided with in relation to mouth care. One person told us, "They help me to clean my teeth every day. I am grateful for it." One relative told us, "They always ask if [person has] been to the dentist and to have regular dental check-ups."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

● The majority of people who used the service had capacity to make decisions in relation to their day-to-day care. People's relatives and staff supported them to make decisions in line with their wishes, such as in relation to hospital transfers. One relative told us, "Although [person] is forgetful, [person] can still make decisions. They are respectful of [person's] decisions."

● There were systems in place to assess people's capacity should this be required and relevant documentation was requested from relatives responsible for the individual's care. Care plans included information on people's capacity in relation to specific decisions.

● Staff had undertaken training in relation to the MCA and understood its principles. One member of staff told us, "We tell them what will happen but people are allowed to make unwise decisions. We want what's best for our clients. It's their choice but we give them all the information."

Good

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.

This is the first inspection of this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful, kind and attentive towards them. One person told us, "They are very kind and just absolutely wonderful." Another person said, "They couldn't be more caring." One relative told us, "They always make sure they're spending a little bit of time sitting down and talking to [person], which is very reassuring."
- The registered manager understood their responsibilities in ensuring people were supported to maintain their independence and the importance of goals and objectives. They had undertaken training and had plans in place to ensure all relevant staff had completed their training prior to supporting people with a specialist need.
- Staff told us they had undertaken training for Equality and Diversity and told us they understood their role in relation to this. One member of staff told us, "The training is about respecting people's differences."
- People and their relatives told us staff respected their privacy and were respectful towards them. One person told us, "They're very good in terms of privacy and keeping things confidential, I have to say." One relative told us, "They prepare [person's] meals in [person's] own area. They respect [person's] right to privacy."
- Where people had religious or cultural needs, we saw that the registered manager had offered support to attend church. The registered manager told us they offered flexibility in relation to care visit times so that people were able to attend a religious service if they wished.
- The registered manager told us people were matched and supported by the same care staff where this was possible in order for people to feel as comfortable as possible. One relative told us, "They know [person]. They matched [person] with a carer. It's only a small group of carers coming. It's very important for [person] and it is important for me as well."

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

- People and their relatives told us they were actively involved in making decisions about their care. One person told us, "Yes, they have included me with all the paperwork." One relative told us, "They do definitely keep me involved." Another relative said, "They were very good with involving us in it all."
- We saw in care records that people and their relatives had been involved in their care. For example, it was clearly recorded which relative was to be contacted in relation to decision-making. This was in line with people's individual preferences.

Good

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Care plans were personalised with steps for staff to take to support people appropriately in line with their needs and wishes. Care plans included information on people's medical history, allergies, preferred gender, religion, interests, how to enter and leave the house securely following visits, and people's preferences. One person told us, "I've had conversations about my care with [registered manager]. She asked me about it." One relative told us, "They discuss everything in the care plans." Another relative commented, "They have care plans. I have read through them. And they have an app on their phone." Another member of staff said, "With the app, you can read the care plan before you meet the person."
- Staff told us they had the time to read care plans and informed the provider if there had been changes to people's needs so that care plans could be updated. One member of staff told us, "I read the care plan first of all. I speak to the clients and ask them what they would like help with."
- Staff recorded notes during each visit using an electronic system. This meant that the registered manager was able to monitor these and respond quickly when issues arose. Notes included information on the care provided and how the person appeared during the visit, such as happy or low in mood.
- Where the service provided people with support for activities, people and their relatives told us staff were flexible and supported them in line with their wishes. One person told us in relation to leaving their home, "They help me to be independent." A relative told us, "They do whatever [person] likes doing. They do support [person] with all [person's] activities. They're ever so willing."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people had specific communication needs, these were recorded in their care plans and there was information on how to effectively communicate with the individual.
- Policies and procedures were available in different formats such as large print and easy-read. There was nobody using large print or easy-read formats at the time of the inspection, but the documentation was available in case it was needed.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to complain, and they felt confident action would be taken in response. One person told us, "I've got nothing to grumble about. I have a number that I call." A relative told us, "We would go to one of the leaders. I've spoken to [registered manager] on the phone." Another relative said, "Everything runs smoothly. If it doesn't then I ring [registered manager], She sorts it straightaway."

● The provider had a complaints procedure in place which detailed the agencies people could contact if they were not satisfied with the outcome of the provider's investigation.

End of life care and support

● At the time of the inspection, there was nobody being supported with end of life care. Where people wished to discuss arrangements for their end of life care, staff supported them with this. One relative told us, "They know [person has] got a DNR (Do not resuscitate order) in place. Nowhere near that. Nearer to the time, we will discuss it."

Good

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.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People and their relatives told us the culture of the service was inclusive, person-centred and empowered them. People were complimentary about the management of the service. One person told us, "I couldn't do without them. They help me to stay in my own [house]. Without them, I'd have to be in a [care] home." Another person told us, "They listen to me if I want something changed with my care." One relative told us, "I would highly recommend them. I have recommended them to friends." Another relative said, "They do know him well. The carers are spot on with him."

● Staff told us the registered manager was approachable and spoke positively of them. One member of staff said, "[Registered manager] is very approachable and she listens." A third member of staff told us, "We work together. There's definitely good teamwork."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.

● Relatives told us that the provider kept them informed of concerns when these had arisen. One relative told us, "They let us know when there is a problem." Another relative said, "If they're worried, they let me know immediately."

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

● There was a structure of governance in place and staff told us they knew what their role was and where they would go if they were unsure. One member of staff told us, "I know what to do. I would ask [registered manager]." Another member of staff said, "I could go to [registered manager]. That's where I usually go if I have any questions."

● The registered manager had kept up-to-date information on regulatory requirements. This included Right Support, Right Care, Right Culture to ensure they were providing appropriate care to people with a learning disability and/or autistic people.

● We saw from meeting minutes that staff had discussed national guidance in relation to personal protective equipment. In response, the registered manager sought the guidance to inform staff of the

requirements in order to support people safely.

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

● People and their relatives had the opportunity to provide feedback on the service and told us they felt the registered manager was approachable. Staff had made telephone calls and undertaken visits to gather feedback about the care. One person told us, "They do ask me if I'm happy with the care." One relative said, "I know I can phone [registered manager] with any problems. She's approachable. I do feel heard." Another relative said, "[Registered manager] always asks if everything is alright."

● We saw feedback forms from surveys undertaken with people. Where people had fed back that they did not understand part of the care notes, the registered manager had actioned this by speaking to the person and showing them the application they used to record care notes.

● Staff told us they felt valued and supported by the registered manager. One member of staff told us, "I do feel supported." Another member of staff commented, "I feel appreciated for the work that I do."

● The registered manager held meetings with staff through a mixture of videocalls and in-person. These included discussions on how to support staff to undertake their training, such as individual help, laptop loans and group sessions. The meetings also included updates on changes to people's needs and changes to visit times.

Continuous learning and improving care; Working in partnership with others

● People and their relatives told us they felt the registered manager would listen if they had an idea of how to improve the service for them. One person told us, "They do listen to all suggestions, it's wonderful." A relative told us, "They listen to [person's] needs."

● The provider had undertaken audits of the quality of care provided and understood their responsibilities in relation to regulatory requirements. This included compliance audits and action plans as a result of identified issues. Where actions could be addressed immediately, this was done. Where there were longer-term actions, these were added to an action plan.

● Regular audits included reviewing people's care plans and risk assessments, medicines, daily notes and health and safety.

● The majority of people's healthcare professionals were contacted by their families. Where the service was responsible for contacting other agencies or healthcare professionals, relatives and healthcare professionals told us that the service did so effectively. One relative told us, "[Registered manager] said they're getting occupational therapy in for their advice. There's always these meetings with all these agencies with us included. We've had no issues with that." A healthcare professional told us, "They always let us know if they've got concerns."