

Tiggo Care Limited

Tiggo 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

Tiggo Care is a domiciliary care agency providing care and support to people in their own homes and flats.

The Care Quality Commission (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. At the time of the inspection six people using the service were receiving personal care.

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

A safe service was provided for people. Enough, appropriately recruited staff were employed to meet people's needs. This meant people were supported to enjoy their lives and live safely. Risks to people were assessed, monitored and recorded by the provider management team and staff who updated records as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Medicines were safely administered, and people prompted to take their medicines, as needed. Infection control procedures were followed.

People and their relatives said that effective care was provided, they were not subject to discrimination and their equality and diversity needs were met. The staff were well-trained and supervised. People and their relatives also told us staff provided good care that was focused on and met people's needs. Staff encouraged people to discuss their health needs, and any changes to them or concerns were passed on to appropriate community-based health care professionals. This included any necessary transitioning of services if people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People and their relatives said staff provided care and support in a friendly way which paid attention to small details that made all the difference. Staff acknowledged people's rights to privacy, dignity and confidentiality and people felt respected. Staff encouraged and supported people to be independent and do things for themselves, wherever possible. This improved their quality of life and promoted their self-worth. Staff were compassionate, cared about people and passionate about the people they provided a service to.

The provider was responsive to people's needs and assessed, reviewed and appropriately adjusted their care plans as required. This included any communication needs. Staff provided people with person-centred care and people were given choices and encouraged to follow their routines, interests and maintain contact with friends and relatives so that social isolation was minimised. People were given enough appropriate information about the service to make their own decisions regarding whether they wished to use it. Complaints were recorded and investigated.

The provider's culture was open, positive and had a clearly identified leadership and management structure. The provider had a clearly defined vision and values that staff understood, followed and they were aware of

their responsibilities and accountability. Staff were prepared to raise any concerns they may have with the provider and take responsibility. Service quality was regularly reviewed, and any required changes made to improve the care and support people received. This was in a way that suited people best. The provider had established effective working partnerships that promoted the needs of people being met outside its remit. Registration requirements were met.

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.

Why we inspected

This service was registered with us on 26 April 2022 and this is the first inspection.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tiggo Care on our 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 ●

Tiggo 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats. This includes older people, people with dementia, people with a physical disability, learning disabilities or autistic spectrum disorder and sensory impairment.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. The service was given 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 12 September and ended on 28 September 2022. We visited the provider's office on 13 September 2022.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the registered manager. We contacted and spoke with two people using the service, three relatives, and six staff to get their experience and views about the care provided. We reviewed a range of records. This included four people's care and medicine records. We looked at three staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included special initiatives unique to the provider, employment information, training matrix and audits. We received the information which was used as part of our inspection.

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 for 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

- The provider systems and processes safeguarded people from the risk of abuse.
- People and their relatives told us they thought the service provided was safe. One person said, "I think they deliver a very safe service." A relative told us, "No issues with the safety of the service." A staff member commented, "I feel Tiggo care gives safe care for people to use and a safe place for workers."
- Staff received training that enabled them to identify possible abuse of people and the action to take, if encountered. They knew how and when to raise a safeguarding alert. There was no safeguarding activity at the time of the inspection. The provider gave staff access to safeguarding and prevention and protection of people from abuse policies and procedures.
- Staff supported and encouraged people to keep safe and explained to them how to do so. Specific concerns about people's safety were recorded in their care plans.
- The provider supplied staff with health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following people's risk assessments and care plans. This meant people were able to take acceptable risks and enjoy their lives in a safe way.
- People's risk assessments were included as part of their care plans and covered areas that were important to them such as health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff were aware of people's routines, preferences, identified situations in which they may be at risk and acted to minimise those risks.
- The provider policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were familiar with the lone working policy regarding keeping themselves safe. A staff member told us, "Very supportive and caring, ensuring my safety when I left late from a client and also has provided me with a safety alarm."

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The recruitment procedure was thorough. After shortlisting the interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions. There was a probationary period of three months with reviews and a thorough introduction to people using the service before commencing work. People and their relatives said that the provider met their needs flexibly by providing back up trained staff, if required.

- Staff files showed that the recruitment process, probationary period and training were completed. The provider gave staff information that explained the provider's expectations of them and their responsibilities.
- Discussions were facilitated by the provider that identified best outcomes for each person, including things that didn't work well.
- Staff records showed that staff received monthly supervision and the registered manager said an annual appraisal would take place, when due. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. Where appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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 for 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 assessed people's needs, gave them choices and delivered care in line with standards, guidance and the law.
- The provider received new referrals either through their website or by telephone. The registered manager told us, when a new enquiry was received, they made an appointment to visit people and their relatives at home for an assessment. The assessment was carried out at a pace and of a duration that suited people and their needs.
- People's physical, mental and social needs were comprehensively assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The provider provided easily understandable written information for people and their families. One staff member said, "The service that is provided by Tiggo Care is very much a person centred service our care plans are regularly updated to meet the needs of the clients and continually make changes in response to clients' needs and preferences to their care." Another member of staff told us, "The [registered] manager takes her time to personally introduce you to the customer."
- People and their relatives told us that staff turned up on time, stayed for the agreed duration and carried out the agreed tasks. One person said, "The agency has provided staff with electric bikes and this has made it so much easier for them to get around on time."

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained.
- Staff training was carried out consistently in line with the provider's training and induction policy.
- The provider gave staff good quality induction and mandatory training that enabled them to support people and meet their needs. Staff told us the quality of the training provided enabled them to carry out their roles and make a difference to people. People liked the way staff performed their duties and said staff were professional, and competent. One person said, "Lovely girls [care workers]. They know what they are doing." A relative commented, "Well trained with a great attitude. Excellent." A member of staff told us, "My training and induction fully prepared me to start working. Not only did I get the chance to shadow my colleagues, I was given all the equipment and advice I'd ever need before starting." Another staff member said, "The training I received is mandatory, and has enabled me to carry out my role confidently and effectively. Anything I was not sure about I can speak with my manager at any time."
- Staff knew how important clear communication was and this was impressed upon them during induction training. It was also revisited during staff meetings, further training, and supervision.
- Before providing a service staff had introductory meetings with people and their relatives. This increased

staff knowledge of people, their routines, preferences and surroundings. It also meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.

- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling competency, falls prevention, positive behaviour support, safeguarding, medicine administration, lone working, health and safety and disability awareness. There was also specialised training focussed on people's individual needs with guidance and plans. They included dysphagia, dementia awareness, and continence support.

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

- When required, staff supported people to eat, drink and maintain a balanced diet. If needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- People's care plans contained health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure people drank enough to remain hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals.
- Should people require dietary support, staff observed and recorded the type of meals they consumed and encouraged a healthy diet to ensure people were eating properly. Although encouraging healthy eating, staff made sure people still had the meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- Maintaining good working relationships with external healthcare services enabled the registered manager and staff to support people to keep healthy and receive ongoing healthcare support.
- People were sign posted by the provider to other organisations that may be able to meet needs outside the service provided, for example to prevent and minimise social isolation. This helped to improve people's quality of life and promote their social inclusion.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, if needed.
- Staff reported any health care concerns to the management team who alerted appropriate health care professionals. A staff member told us, "We all work as a team to support people."
- Any changes to people's health and medical conditions were recorded in their care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.

- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

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 for 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

- People were respected by staff, well treated, and had their right to equality and diversity recognised.
- People and their relatives told us staff were caring, supportive, and they liked and were relaxed in the company of the staff. A relative told us, "What can I say, the carers [care workers] are outstanding." A staff member said, "It's one committed care company, their response to clients and carers [care workers] is amazing."
- The provider gave staff equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives told us staff treated them as adults, did not talk down to them and people were treated respectfully and equally.

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

- People were supported and able to express their views and involved in decision making about their care.
- People and their relatives told us they were involved in the decision-making process regarding the care and support they received, which was recorded in their care plans.
- The provider frequently contacted people and their relatives to determine if they were receiving the care and support, they wanted and needed.

Respecting and promoting people's privacy, dignity and independence

- A relative said that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had difficulty communicating. This meant staff were able to support people in an appropriate way, without compromising their dignity. They also fully understood that this was someone's home and they must act accordingly and in a respectful manner. A relative told us, "They [care workers] are always respectful to [person using the service]."
- Staff were trained by the provider to respect people's rights and treat them with dignity and respect. People and their relatives said they felt respected and staff treated people with kindness, dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed.

Confidentiality was included in induction, on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

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 for 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

- People received person centred care that meant they had choice, control and their needs and preferences were met.
- The provider completed a thorough need's assessment with people and their relatives to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. One person told us, "They [care workers] turn up on time and if there is a problem it is nice to know who is coming." A relative said, "We work together with the [registered] manager and office." Another relative commented, "Really good communication." A staff member told us, "They [management team] are very professional committed to clients and us the care workers, we get so much support."
- People and their relatives agreed person-centred care and support plans with the provider, based on the initial assessment. Once the service commenced, people and their relatives were frequently contacted to establish if the support provided was working and their needs were being met. A relative said, "We are fully involved."
- Staff supported people and their relatives to make decisions about the care and way it was delivered. The management team were available to people and their relatives to discuss any wishes or concerns they might have. Staff made sure people understood what they were saying to them, the choices they had and that they understood people's responses.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs entries were reviewed, and any concerns highlighted.
- People's care and support needs were initially reviewed after one month, and if satisfactory they were reviewed a minimum of six monthly. Their care plans were updated to meet their changing needs with new objectives set. The provider and staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished.

Meeting people's communication needs

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.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People's communication needs were met by the provider giving staff information about people's communication preferences, within their care plans and guidance on how best to communicate with them.

- Relatives said staff communicated clearly with people which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

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 for 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

- The provider's culture was open, inclusive and positive. People and their relatives said they found the registered manager and staff approachable, attentive, felt they listened to them and did their best to meet people's needs. A relative commented, "You can always get hold of the [registered] manager even on weekends." A member of staff told us, "The [registered] manager at Tiggo care is supportive and can be reached any time when they are needed."
- People and their relatives had the services provided explained to them so that they were clear about what they could and could not expect from the provider, registered manager and staff. This was repeated in the statement of purpose and guide for people using the service that set out the organisation's vision and values.
- The vision and values were explained to staff at induction training and revisited during mandatory training. Staff understood them, and people said they were reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff told us the registered manager and management team supported them and they supported each other, as a team. One staff member said, "I have direct contact with both of my managers, and they are highly responsive. So, if I ever have a problem, I know exactly who to contact, and I know I will definitely get a reply."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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

- The provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager and management team made themselves available for support to people using the service, relatives and care staff.

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

- The registered manager and staff were clear about their roles and its importance. One staff member said, "They [management team] make it clear from the start what they expect of us." A relative said, "Everyone [care workers] understands and knows what they are doing."

- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had a system which stored people's details, appointment schedules, and if tasks, daily logs and care plans were completed on time. Data collected was collated and used to update and improve the service provided.
- The registered manager and management team regularly contacted care workers to provide support and this enabled staff to provide people with the service that they needed. Staff welfare checks were carried out as part of supervision and there were regular staff meetings, where issues that arose and other information was discussed. A staff member said, "My registered manager is always there to support me through regular meetings such as one to one meetings and team meetings for staff once a week."
- The provider's quality assurance system was fully automated, analytical and contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included communication and visits, care plans, risk assessments, medicine administration records, complaints and staff files. Staff files and the data base contained recruitment, training, performance and development information.
- The provider worked with people, their relatives and healthcare professional partners such as GPs and district nurses to identify areas that required improvement. This was to progress the quality of services people received, to better meet needs and priorities. Feedback from organisations was integrated and used to ensure the support provided was what people wanted and needed. This was with people's consent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people, and observational spot checks. There were feedback questionnaires and surveys provided for people, their relatives and staff.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs and other health care professionals.
- Records showed that staff received monthly supervision and the registered manager said an annual appraisal would take place when due. Staff confirmed that they received regular supervision.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service provided staff with electric bicycles in order to help them to carry out their calls on time by cutting down travel time.
- The service supported people and their relatives to contact organisations who provided services outside their remit, to enhance their quality of life.

- People, their relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- The provider audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service. There were no current complaints.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Monthly staff meetings were partly used as lessons learnt sessions and procedures identified for discussion.