

Time2B Ageing Gracefully Ltd

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Inspection report

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Date of inspection visit:
28 April 2022
10 May 2022

Date of publication:
01 July 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Time 2Be Ageing Gracefully is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection there were three people receiving support from 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 and what we found

There were continued failings in management oversight of the service. The provider had not made improvements despite previous regulation breaches and enforcement action at previous inspections.

The provider did not ensure safe staff recruitment. Not all staff had undergone appropriate recruitment checks prior to working with vulnerable people.

The provider did not keep records of all staff employed by the service. Staff rotas did not reflect who was attending care visits.

The provider did not adequately assess risk for all people using the service.

Medicines were not safely managed. Not all staff received training in medicines administration.

People were not always receiving care from staff who were competent, skilled and experienced. There was a risk that people were receiving care from staff who had not received training to meet the needs of people. The provider did not keep appropriate records of training.

Most people and relatives told us they found staff caring and kind.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 March 2021) and there were two breaches of regulations. This resulted in two warning notices being issued against the provider and registered manager related to safe care and treatment and good governance of the service.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 11 December 2020. Breaches of legal

requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements related to the warning notices. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Time 2Be Ageing Gracefully on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, recruitment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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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

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

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 were two registered managers in post. One registered manager who was also a company director was responsible for the day to day running of the service. The other registered manager had minimal day to day involvement with the service.

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 28 April 2022 and ended on 13 May 2022. We visited the location's office on 28

April and 10 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who received care and two relatives. We spoke with five members of staff including the registered manager and care staff. We reviewed a range of records. This included two people's care records and one person's medication records. We looked at 11 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training records and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- We were not assured that rotas provided to the inspection team were accurate and reflective of staff attending care visits. Through feedback from people, relatives and staff we became aware of five people attending care visits as care staff who were not disclosed to the inspection team on commencement of or during the inspection.
- One relative told us that their regular care staff had stopped attending their care calls approximately three weeks prior to commencement of the inspection. However, the care staff's name was referred to in the rota provided to the inspection team. They told us of two additional staff who attended care visits, however these staff were not included in the staff list or rotas provided to the inspection team.
- We also received feedback that a named care staff had not attended a person's home for approximately two months prior to the inspection, however their name was on the rota for that person's care visits in the week prior to the inspection.
- Due to these concerns, we attended the office on a second day and asked the registered manager about these staff and had not received a satisfactory explanation as to why staff attending care visits had not been disclosed to the inspection team.
- On commencement of and during the inspection, we requested rotas for two weeks. We received a rota for one week. We also requested additional rotas, however these were not provided to the inspection team as requested.

The provider failed to maintain records related to staff employed in the carrying on of a regulated activity. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were not recruited safely. Staff files checked demonstrated that required recruitment checks had not been carried out. Appropriate employment references had not always been obtained and employment histories were incomplete.
- For one staff member, who had not been initially declared to the inspection team as a staff member, no documentation was provided to the inspection team to confirm that any required pre-employment checks were carried out.
- Not all staff had a DBS check completed by the provider when they commenced employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The providers failure to operate effective recruitment procedures was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We were not assured that staff were skilled, trained and competent to carry out their roles. On commencement of the inspection, we viewed some training records on staff files and were sent a copy of the staff training matrix.
- Through speaking with staff and relatives we became concerned about staff having had no training with the provider despite certificates on their files. We contacted one of the training providers listed on the training certificates who provided confirmation of the staff they had trained.
- We attempted to contact a second training provider listed on training certificates. However that company had ceased to operate prior to the dates on some of their training certificates seen on staff files.
- As a result of our enquiries, we established that there were seven training certificates relating to five staff members that we were unable to verify as genuine training completed by staff in areas such as medicines, moving and handling, safeguarding and health and safety. This placed people at risk of harm receiving training from staff who were not trained to do so.
- One relative reported concerns around a staff members competency to use transfer equipment and said they were concerned that they had not been trained. This staff member had a training certificate on file that we were unable to confirm as a genuine.
- For one staff member, there was no record of training at all on file or in any records sent to the inspection team after the site visits.

The provider had failed to ensure that staff received appropriate training for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last three inspections the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 for this reason.

- We were not assured that the provider had effective systems in place to monitor and ensure safe medicines management.
- On commencement of the inspection, we asked the registered manager how many people were supported with medicines by staff. We were advised that one person received medicines support.
- Due to the concerns highlighted above around staff rotas and identities of staff attending care visits, we were not assured that the Medicines Administration Record (MARs) seen in the office were a reflective account of who was administering medicines in practice.
- We received feedback that another person had support from staff to prompt and provide physical assistance for their medicines support, by getting the person their medicines and providing a glass of water. The registered manager told us they did not support this person with medicines administration. The person's care plan stated in one area that the person administered their own medicines, however it also stated that family and carers should also prompt/administer their medicines. The providers medicines policy stated that medicines support where physical support and prompting was provided was known as 'Level 1' and should be documented in a MAR. There was no MAR in place for this person.
- One medicine prescribed for a person was a high-risk medicine of which the side effects could have safety implications for the person. There was no guidance in the person's care plan or risk assessments to make staff aware that this risk.
- We were not assured that all staff administering medicines had been trained to do so. We will discuss this further in the well-led section of the report.

The continued failure to take appropriate actions to ensure medicines were managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing risk, safety monitoring and management

At our three inspection the provider had failed to ensure risks to people's health were appropriately assessed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 for this reason.

- Risk assessment had been reviewed and the format reviewed since the last inspection. Risk assessments were less of a tick-box format and contained more information to provide guidance to staff.
- However, we found instances where risk assessments were not person centred and lacked information to provide staff with sufficient guidance to safely care for people. For example, in the management of skin integrity and moving and handling.

The continued failure to take appropriate actions to ensure risks were managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe and well supported when receiving care from staff. Staff told us they knew how to report safeguarding concerns. However, we found that due to overall concerns identified around staff training, we were not assured that all staff had received adequate safeguarding training.
- No accidents or incidents had been recorded since the last inspection. The registered manager showed us the template they had for monitoring and analysing accidents and incidents.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People and relatives told us that staff wore PPE and maintained good hand hygiene.
- We were not assured that all staff had received training in infection prevention and control. This is discussed further in the well-led section of the report.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure good governance systems were in place to ensure quality care and to drive improvement across the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service registered with CQC in March 2018. This inspection is the fourth time the service has been inspected and in breach of regulations. Previous inspections have resulted in either a requires improvement or inadequate rating and previous enforcement action.
- Repeated concerns were found at this inspection around safety of care, medicines management, staff training and recruitment and governance of the service. Assurances given following the previous inspections had not been acted on.
- The provider had implemented a range of audits which included medicines, recruitment and spot checks. However, despite the additional governance checks in place, the provider had continuously failed to ensure that people were receiving a fundamentally safe service.
- We were not assured of the integrity of documents seen on inspection and provided to the inspection team particularly around staff training, recruitment and actual staff employed by the service to deliver care.
- The registered manager told us that they had employed the services of an external consultant to review their records and were unaware of the issues we found on the inspection. However, it is fundamentally the provider and registered managers responsibility to ensure that regulations are met and that checks in place to identify areas for learning and continuous improvement.

There was a lack of management oversight and quality review to ensure that the service was adequately run. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and most relatives told us they found the care staff kind and caring. One relative told us, "[Carer] is amazing. She will sit and chat with [Person]." A person told us, "Very good. We look at ourselves as a little team." We also received less positive feedback around care staff being rushed, not attending care visits and not knowing how to appropriately the person using the service.

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

- At the time of the inspection, there were no local authorities commissioning care directly from the service. Therefore, there was little external oversight of care delivery. People using the service arranged their care with the service via direct payments.
- Relatives told us they were involved in care planning and in regular contact with the provider.
- Although some feedback indicated that the registered manager was not always available or carried out quality assurance visits themselves.