

Time 4 U Ltd

GUTU

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

GUTU, also known as Time 4 U, is a domiciliary care agency. The service was providing personal care to 16 people at the time of the inspection across Medway, Kent and Milton Keynes. The service provides supported living to people with physical disabilities, learning disabilities, autism and/or mental health needs. People live in their own houses and flats. Some people lived in small shared houses and some people lived alone.

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

People told us they were happy with the service they accessed. One person told us, "The staff are very respectful to me." A relative said, "There are the best people and they persevere through the difficult stuff." And, "They seem to be fine and [my relative is] happy with the carers."

Since the last inspection improvements had been made at the service. However, there were areas where improvement continued to be needed.

Improvements were needed to be made to areas of infection prevention and control. Staff were not undertaking all the regular COVID-19 tests in line with Government guidance and the providers policies. Although staff knew people well there were areas of people's support plans that needed improvement as they did not always include up to date, accurate person-centred information.

Management oversight of some areas such as staff training needed to be improved. Auditing continued to need improvement to drive forward improvements and ensure sustained service quality. People were involved in planning their care. However, some relatives expressed that they were not always as involved as they wanted to be.

Where there were risks to people's health staff knew how to support people. However, people's emergency evacuation plans needed to include more information. Medicines administration had improved. However, we identified concerns relating to the storage of one person's medicine as it was not stored securely. There were enough staff to support people and people told us they received their support as planned. Staff had been recruited safely. The management of incidents and accidents had improved. Where incidents had occurred, appropriate action was taken. People were referred to the provider's positive behaviour support specialist when required.

People were supported to access the community and engage with activities. There was a complaints process in place. Where complaints have been received, they had been responded to. People had the

opportunity to discuss their wishes for end of life support.

People and their relatives as well as staff were invited to undertake surveys where they could express their opinions about the service. Where people have raised issues, these had been addressed. The service worked in partnership with other health and social care services to improve outcomes for people. Staff were happy at the service and received regular supervision.

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 this practice.

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.

Based on our review of Safe, Responsive and Well-led. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximises people's choice, control and independence. People made choices about their care and support. People were supported to undertake day to day activities for themselves as appropriate.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and understood their needs, likes and dislikes. People's support was person centred and people told us they were happy with the support they received. There was a positive culture at the service.

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff felt supported and motivated in the role which had a positive impact on the support they provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 23 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, the provider was still in breach of regulations. The last rating for this service was requires improvement (published 23 April 2020). The service remains rated requires improvement. This is the second consecutive inspection the service has been rated Requires Improvement.

Why we inspected

We carried out an announced comprehensive inspection of this service published on 23 April 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and notifying CQC

of important events as required by law.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. 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 GUTU on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and Good Governance. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# GUTU

## 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

The inspection was carried out by three inspectors. One inspector carried out the site visits to the registered office and visited people living in the Medway and Kent area. One inspector carried out visits to people living in the Milton Keynes area. One inspector reviewed documentation offsite and spoke to relatives, the registered manager, and other staff on the telephone.

#### Service and service type

This service is registered as a domiciliary care agency and a supported living service. The service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave a short period notice of the inspection. This was to seek consent from people to visit them in their own home and request and review documentation off site prior to visiting people. This meant we reduced the time we spent in people's homes and the office during the COVID-19 pandemic.

Inspection activity started on 29 June 2021 and ended on 14 July 2021. We visited the office location on 5 July 2021. We visited people in their own homes in Kent on 5 July 2021 and in Milton Keynes on 7 July 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited five people in their own homes. One person we visited choose not to speak with us. Where people do not speak with us, we make observations about how staff support them. We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including a registered manager, the nominated individual, the positive behaviour support specialist, managers and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and parts of four others. We looked at multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We sought urgent assurances from the provider about staff undertaking weekly COVID-19 testing.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was accessing all necessary testing for staff. Staff were undertaking regular lateral flow COVID-19 tests. However, the provider was not able to evidence that staff had been undertaking weekly PCR (Polymerase Chain Reaction) tests in line with Government guidance and the provider's policies. Some staff told us they undertook PCR tests monthly rather than weekly. This increased the risk that infection could spread undetected. The records we reviewed did not evidence that staff were testing weekly. Immediately after the inspection we sought assurances that this had been addressed.

The provider had failed to do all which was reasonably practicable to detect and control the spread of infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to personal protective equipment (PPE). Some people who accessed the service were not able to be supported by staff who wore masks due to anxieties or emotional based behaviours. Staff were undertaking regular lateral flow tests to reduce the risk. However, this was not reflected in the person's risk assessment. Prior to the inspection the registered manager had not sought advice on extra mitigations that might need to be put in place to reduce the risk. We raised this with the registered manager who addressed the concern during the inspection.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to people's health and welfare. This was a breach of regulation 12 (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 remained in breach of regulation 12.

- At the last inspection some people did not have personal emergency evacuation plans (PEEP) in place. These provide information on what support a person would need in the event of a fire. At this inspection PEEPs were in place. However, the information in them did not reflect the complexity of some people's emotional based needs and there was no information on how people might respond if they needed to be supported by fire and rescue service staff to evacuate. One person's support plan stated loud noises was a



trigger for distress. However, the PEEP did not include reference to this.

The provider had failed to do all that was reasonably practicable to reduce risks to people's health and welfare. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection risks to people's health and wellbeing did not include all the information they needed to ensure staff had the guidance necessary to follow a specific plan to prevent harm. At this inspection risk assessments had been reviewed and updated and now included the information staff needed to know to support people safely.
- The staff knew how to support people to remain safe from risks to their health and welfare. For example, one person was at risk of seizures although had not had one since starting to access the service. Staff knew what the person's seizures looked like and were able to tell us what they would do to keep the person safe in the event the person had a seizure. One person said, "I am very safe and happy living here."

### Using medicines safely

At our last inspection the provider had failed to take appropriate actions to ensure medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines.

- At the last inspection medicines had not always been well managed. Concerns included medicines that were prescribed but not administered. Medicines stocks not balancing with records. Where people had 'as and when' medicines (PRNs) such as pain relief protocols were not always in place. At this inspection improvements to these areas had been made. PRN protocols had been put in place. Regular medicines audits were undertaken to check medicines stocks balanced and prescribed medicines were being administered. Any changes to people's medicines were discussed at staff meetings to ensure staff were clear on changes.
- One person's medicine was not stored safely as the fridge it was stored in was not lockable and the door to the room was not locked when we visited. We raised this with the registered manager. This was addressed during the inspection and a new lockable fridge was put in place.
- The support people needed to take their medicines had been assessed. Medicines administration records (MARs) were complete with no unexplained gaps. Where people were taking medicines, which affected their mood there was a process in place to regulate and monitor usage. We did not find these medicines were used frequently and there were plans in place to reduce the use of these medicines as appropriate.
- There were processes in place to dispose of medicines safely and the staff we spoke with were aware of these. Staff had undertaken training in medicines administration and their competency to administer medicines safely had been assessed.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. At the last inspection we found an area for improvement in relation to the management of one person's finances. Records of financial transactions did not always add up and staff had not reported this. At this inspection we did not find the same concerns and the financial records we reviewed were in order.
- Staff knew how to identify and report concerns. One staff said, "If I have concerns about people's safety, I would speak with the line manager. I could go to the owner as well. I could also go to safeguarding team."

Staff were also aware of how to blow the whistle (tell someone appropriate such as CQC) if they had concerns about practices at the service.

- Where concerns had been identified these had been reported to the local authority as appropriate. Concerns had been investigated and actions had been taken.
- People told us they felt safe living at the service. One person said, "I feel safe with the staff here."

#### Learning lessons when things go wrong

- At the last inspection there were areas where improvements were needed. There was no process in place for managers to make referrals to the service's positive behaviour support specialist team. At this inspection there was now a system in place for managers to refer people for positive behaviour support from the inhouse team. Managers had made referrals where they were needed.
- At our last inspection where incidents had occurred, the actions taken were not clearly recorded. At this inspection this had improved and actions taken were now recorded. For example, one person had fallen twice in two days. Staff had contacted the GP to request a review to determine if there was a health reason causing the person to fall.
- Accidents and incidents were analysed for trends. Where people needed support with emotional based behaviour there were support plans in place. These included information on what might lead to the person becoming upset and how to support the person to become calm. Where appropriate referrals had been made to the service positive behaviour support team to review their support.

#### Staffing and recruitment

- There continued to be enough staff to support people.
- Some people had two to one or one to one support from staff 24 hours a day. People told us they received this support and were happy with the staff who supported them. One person said, "I usually have the same staff. New staff are always introduced to me, they work alongside the experienced staff to get to know me."
- Staff continued to be safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Support plans were reviewed regularly by the registered manager and people were involved in these reviews. One person told us, "I have a care plan. They read it for me. They sit down and explain it to me, when I have reviews. I have reviews regularly." However, some relatives told us they were not as involved as they wanted to be and had the legal right to be. One relative told us, "Maybe a zoom meeting would be good for an annual review. It would be good to have a review." One health and social care professional said, "We feel they should work a bit better with families, building relationships etc and from time to time this slips with families and we do get concerns raised." This was fed back to the provider as an area for improvement.
- At the last inspection support plans and guidance were in place to describe the basic care and support people needed. However, they did not always include areas of information individual to the person. At this inspection staff knew people well and people were receiving person centred care. However, there continued to be a number of areas where support plans needed to be updated. For example, one person's risk assessment stated sharps, such as kitchen knives, always needed to be locked away and the person needed supervising when using them. This was not up to date as the person did not need them locked away. When we visited the person, staff were providing appropriate support. We raised this with the registered manager and the risk assessment was updated during the inspection.
- People had regular meetings with their key workers. A key worker takes the lead on a person's care and meets with them to discuss their needs, goals and if there were things they were unhappy with. Where people had identified where they wanted changes or support to do something, this was in place. For example, one person wanted support to buy new furniture and were assisted to do so. Relatives told us people were supported to move forward in a positive way. One relative said, "[My relatives] communication is improving all the time which is brilliant. We have never seen such an increase in speech, somehow, they are doing it. They are doing amazing with [them]."
- People told us they had choices and staff listened to them. People said, "They always ask before they do anything, they are very polite." And, "I can do what I want, they help me."

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.

- People's communication needs had been assessed.
- There was information for staff on how people communicated and the staff we spoke with were aware of

this.

- People's communication needs were met in a person-centred way. For example, some people needed information explained to them verbally or through using pictures and signs and staff provided this support.

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

- People were supported to keep in touch with and visit relatives and friends who were important to them. A relative told us, "They do help him to keep in touch with me yes, they call when he wants to speak to me." Another relative told us staff supported the person to come and regularly visit them.
- People were supported to participate in activities in the community of their choice, although access to some activities had been limited by COVID-19 restrictions. One person told us, "I go swimming on Mondays, cinema and the pub." Staff said, "We do whatever [the person] chooses to do with [their] consent."
- People were supported to engage in everyday activities in their home or within the community. People told us, "I go shopping on Monday. Staff come with me. I have my own car. Staff drive it. They drive me to the supermarket. I pay for it and they put it in the shopping trolley." People were supported to undertake daily to day activities and to maintain their independence. Another person told us, "I cook my own meals with staff support."

Improving care quality in response to complaints or concerns

- There were systems in place to monitor and respond to complaints. Where complaints had been raised these had been responded to and action taken where appropriate.
- People and their relatives told us they knew how to complain. One person told us, "I don't have any concerns, but I would talk to staff if I did. They would listen to me. "I think [the manager] would do something about it. I get on really well with my carers."
- People could also raise concerns with their keyworkers. However, low level day to day complaints were not monitored by the registered manager so that they could review and identify any trends and reduce the risk of re-occurrence. This was an area for improvement.

End of life care and support

- Almost everyone accessing the service were younger adults. The service was not supporting anyone at the end of their life and had not done so since the last inspection.
- Some people continued to have clear plans in place for their end of life wishes. Where people did not want to discuss their end of life support needs this was recorded.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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 assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection audits were being undertaken but were not robust as they had not always picked up on the issues identified during the inspection. At this inspection we found the same concerns. For example, one person's support plan set out that the person's medicines needed to be stored securely to reduce risk to others. Audits had not identified the person's medicines were stored in a fridge that was not lockable. People's personal evacuation plans lacked detail regarding people's emotional support needs and areas of people's support plans needed to be updated. One health and social care professional told us they were working with the service to make improvements to people's support plans. However, progress had been slow.
- Oversight of staff training needed to be improved. Some of the training staff had completed was not captured on the training matrix and there was a lack of oversight on what training staff had undertaken. For example, the registered manager had not been able to evidence that some staff had undertaken epilepsy training where they were supporting a person with this condition. However, when we spoke with staff, they told us they had completed this training and were able to explain what they had learnt. We discussed this with the registered manager who told us they were planning to recruit an assistant manager to help make improvements. Immediately after the inspection we were informed an assistant manager was in place.
- The registered manager had identified that staff had not been undertaking weekly PCR COVID-19 testing. However, not enough action had been taken to address this concern and people had continued to be exposed to potential risk.

The provider failed to assess, monitor and improve the quality and safety of the service. The provider had failure to ensure they maintained complete and contemporaneous records in respect of each service user. This was a continued breach of the Regulation 17 (Good Governance) of the Health and Social Care Act 2008

At our last inspection the provider had failed to notify CQC in a timely manner about incidents that had occurred. There was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At this inspection we did not identify any incidents that needed to be reported but were not and notifications had been sent to CQC as required by law.

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

- At our last inspection staff did not always treat people's houses as their homes. For example, there was office furniture in one person's sitting room. Staff referred to people's homes as 'units'. At this inspection we did not find the same concerns. There was no office furniture in people's living spaces. Staff spoke about people in a respectful way. One relative told us, "They make it a home for [my relative] and it's the best home's [my relative's] ever had."
- Staff had regular supervision and annual appraisals and told us they felt supported and happy in their role. Comments from staff included, "It's a very friendly company. It's like a family." And, "The culture of the organisation is good, when you have an issue, they follow it up. You can go to the office anytime and see the line manager."
- Relatives told us they felt people were happy with the support they received. One relative said, "The staff have been phenomenal. I've seen Improvements in [my relative] I think it's working very well." Another relative told us "It's getting better, but It wasn't great at the beginning. [My relative] does seem to be happy there."

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

- There were regular meetings for staff. Where people live in shared houses there were house meetings. Where people lived alone there was a mixture of one to one meetings or people attended joint meetings with staff. One person told us, "We have monthly meetings with the other people living here, to talk about activities - going on days out and trips once we can."
- People, their relatives, staff and health and social care professionals had the opportunity to provide feedback through surveys. Feedback in the main was positive. Where issues were raised action had been taken. For example, one person wanted to take responsibility for their own medicines. Staff had undertaken an assessment to review if it was safe for the person to now do so.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their responsibilities under duty of candour. They had also ensured that staff understood duty of candour. One Health and social care told us, 'They communicate incidents in a timely way and contact immediately if there has been a serious incident.'

Working in partnership with others

- The service continued to work in partnership with health and social care professionals such as GP's, mental health teams, learning disability nurses and the local authority.

- Health and social care professionals told us, 'They have always been willing and available to attend meetings even at short notice providing input and using a lot of their management resources.' Another comment was, 'Time4U work with some of our most challenging service users and have achieved some good outcomes with people discharged from hospital who have had a mental health relapse but have been managed to be supported through this and out the other side.'

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all which was reasonably practicable to detect and control the spread of infections. The provider had failed to do all that was reasonably practicable to reduce risks to people's health and welfare.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service. The provider had failure to ensure they maintained complete and contemporaneous records in respect of each service user.</p>