

## Age Concern Enfield

# Time Out Service

### 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Time out service is a domiciliary care agency. It provides personal care to older adults living in their own homes. It is primarily a service that provides support to carers and part of a wider service provided by Age UK that also includes day care provision and signposting support. At the time of our inspection, there were 11 people who received personal care 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

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

People's care was planned and risks to their safety and wellbeing were assessed. The agency reviewed these plans regularly, involving people in these reviews and asking for their opinions. They delivered good quality care which had led to improvements in people's health and well-being.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

People received care and support from a small group of staff most of whom had worked for the agency for many years, which provided consistency.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and

preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People confirmed the service did not miss any care calls and that staff were usually on time.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

More information is in the full report.

#### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 22 January 2018

#### Why we inspected

We carried out a focused inspection of this service on 13 July 2022. This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions safe, effective and well led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Time out service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 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 well-led?**

The service was well-led

Details are in our well-led findings below

**Good** ●

# Time Out Service

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Time out 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 was a registered manager in post

#### Notice of inspection

We carried out the inspection visit on 13 July 2022. It was announced. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager and two care support staff. We looked at three care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to eight relatives of people who used the service.

# 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 good. At this inspection this key question has now remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to protect people from abuse and avoidable harm. People told us they felt safe using the service, comments from relatives included "She is safe, I am very satisfied with the personal care she receives." And all risk assessments were done. The carers made sure the correct checks and things were in place in her home to keep her safe."
- Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us, "We can see from people's behaviour when something is wrong and we will report it."

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments considered risks associated with people's care and support, accessing the community, mobility and health conditions.
- Body maps, pressure sore risk assessments and hospital passports were also completed for all people who used the service
- Regular reviews took place and plans were updated to reflect any changes in people's needs
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular care workers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- Most staff had worked for the agency for many years, which provided consistency.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.

- Staff told us that travel between their clients was kept to a minimum in order to avoid lateness.
- A relative told us, "They are always on time and have never missed a visit."
- People and their relatives told us they knew the staff well and had built good working relationships with them.

#### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment (PPE), for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading.
- The service had systems to make sure staff undertook regular COVID-19 tests. They recorded information about these and took appropriate action following positive test results.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to prevent re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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 managers of the service carried out an assessment of people's needs to determine whether the service could effectively meet their needs.
- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- Care plans were individualised and contained details of people's preferred routines and preferences. A relative told us, "Me and my sister were very involved with the care plan. It has been re looked at as her mobility has improved."
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff also received specialist training to manage diabetes and catheter care.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. And had regular supervision. One staff member commented, "I have regular meetings and they are useful."

Supporting people to eat and drink enough with choice of a balanced diet

- Staff understood people's dietary needs and ensured these were met. This helped to maintain and improve their health and well-being.
- People were encouraged to get involved in decisions about what they wanted to eat and drink.
- Not everyone received support with their meals, relatives managed their meals, or they had 'ready meals' that the care staff heated up.

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

- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

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

- Where people received additional support from healthcare professionals this was recorded within their care records.
- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- A relative told us. "They are supportive and encourage her to do what she can for herself."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

# 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 good. At this inspection this key question has now remained the same.

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

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

- People, staff and relatives expressed confidence that the service was well run. We received comments such as, "I do think it's well managed yes, I have no complaints." "The service was both efficient and professional." And "I do think it's well managed and I would recommend them."
- The registered manager and staff were clear about their roles and responsibilities. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Communication between people, relatives, the registered manager and care staff was very effective.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service
- Staff told us they felt well supported and praised the managers of the service. One staff member told us, "Our managers is lovely, very approachable and sorts out any problems."
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People, relatives and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.

#### Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls was closely monitored and kept to a minimum by regular audits, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.
- Team meetings were used to share good practice ideas and problem solve.
  - The service was recently shortlisted for regional care awards and won in two categories, dementia care worker and COVID-19 Hero's team award.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.