

Time2B Ageing Gracefully Ltd

# Time2B Ageing Gracefully Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Time2B Ageing Gracefully Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection there were two 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

People had been using the service for a number of years and knew staff well. Relatives were very positive about the quality of care for people and the support given by care staff that visited.

Whilst there has been improvement in the service since the last inspection, we continued to find concerns with medicines management, risk assessments and the overall governance of the service. Medicines were not well managed or documented appropriately. Risk assessments failed to provide guidance to staff on managing people's risks. There were insufficient quality assurance systems in place to monitor the quality of the service.

People received a continuity of care and had the same care staff visiting them. Staff understood their responsibilities around safeguarding and how to report any concerns. Staff recruitment procedures had been updated and staff had received appropriate checks to ensure they were safe to work with vulnerable people.

Staff received supervision, annual appraisals and training to support them in their role. This included training around COVID-19 and appropriate use of Personal Protective Equipment. 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. People were supported, where necessary, to access healthcare.

People and relatives were able to provide feedback on the service through written surveys. Relatives said they also felt able to contact the director at any time to give feedback or raise concerns.

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 inadequate (published 30 April 2020) and there were multiple breaches of regulation. 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 some improvements had been made. However, enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 30 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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 safe, effective and well-led key questions 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 improved to 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 Time2B Ageing Gracefully Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-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 continued breaches in relation to safe care and treatment, around adequate risk assessments and medicines management and good governance concerning oversight of the service and record keeping.

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 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.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Time2B Ageing Gracefully Ltd

## **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 two inspectors. One inspector visited the office and the second inspector completed inspection activities virtually.

#### Service and service type

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

The service had a manager 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 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 11 December 2020 and ended on 28 January 2021. We visited the office location on 11 December 2020. Following the on-site inspection, we completed the inspection via phone and e-mail. Feedback on the inspection was given to the provider on 28 January 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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. We reviewed the action plan the provider sent following the last inspection, to understand what they would do to improve the standards of quality and safety around the concerns that had been found. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the director of the service. We looked at five staff records including recruitment, supervision, appraisals and training. We also looked at quality assurance documents and one person's medicines and care file.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. Further documents were sent by the provider. We looked at training information, further quality assurance documents, two people's care plans and associated risk assessments and other records relating to the people's care and management of the service. We spoke with two relatives and four care staff. We were unable to speak with people using the service because they had complex needs and we could not communicate effectively with them over the telephone.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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.

### Assessing risk, safety monitoring and management

At our last 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 assessments were often in a tick box format and failed to provide guidance to staff on how to manage and minimise people's known risks.
- Some known risks such as those associated with diabetes, skin integrity and sight impairment had not been appropriately assessed and therefore management plans to minimise the risks were lacking.
- Since the last inspection risk assessments have been reviewed but the content was still lacking and there was little assurance that the provider was adequately managing risks

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

### Using medicines safely

At our last inspection 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.

- Medicines were still not being safely managed and recorded appropriately Whilst we found some improvements with the management of medicines there were still concerns.
- One person was being supported with medicines. Medicine Administration Records (MARs) were not clear around the times the medicines were administered. There were numerous gaps in signing the MAR over a four-week timeframe. We could not be assured the person had received all their medicines as prescribed.
- Where a person had been prescribed paracetamol liquid, there was no information if this was to be given

when necessary (PRN) or if this was to be given regularly so staff had clear information how to support the person with this medicine.

- Where medicines had been changed or discontinued by the GP, this was not clearly documented. There was a risk staff may not be aware of changes to people's medicines.
- Where a person had been prescribed a topical cream, there was no information on why this had been prescribed, when it should be applied and how often.
- Medicines audits were being completed monthly. There were some issues picked up by the audits which had been actioned. However, the concerns found at the inspection had not been identified.
- Staff told us, and records showed medicines were being administered. However, the medicines policy stated staff were only to prompt medicines and not administer. MAR's also noted staff had prompted the person. There was a lack of understanding of what type of medicines support was being provided.

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

- At our last inspection we found staff had not received medicines training and had not received competency assessments, to ensure they were safe to administer medicines. At this inspection staff had received medicines training and competency assessments had been completed for staff that administered medicines.
- Following a discussion with the director, a new format MAR was sent which the director said was going to be used going forward. This would ensure medicines were signed for appropriately.
- During the on-site inspection, we observed the director discussing managing people's health risks with staff via telephone. This included pressure care equipment and oral care. The director and staff knew people well and understood their risks.

## Staffing and recruitment

At our last inspection the provider had failed to ensure required pre-employment checks were carried out for new staff. This was a breach of regulation 19 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 19.

- Following the last inspection, the service had employed an external auditor to go through recruitment procedures and help put appropriate processes in place.
- There had been no new staff taken on since the last inspection.
- All staff employed had received a new Disclosure and Barring Service check (DBS) since the last inspection. This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- Gaps in staff employment had been explored and two references for each staff member were in place.
- The director of the service told us there had been a lot of learning around staff recruitment and they were confident of the processes in place going forward.

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

- Relatives told us they felt their family members were safe with care staff. Comments included, "Absolutely fantastic, we cannot fault the carers at all" and "When the carers turn up, they are professional and kind to



mum."

- Staff had received training in safeguarding.
- Staff understood their responsibilities around safeguarding and knew how to report any concerns. A staff member told us, "Safeguarding is protecting children and adults from abuse. I would report it to my manager."
- The director understood their legal responsibilities around reporting any safeguarding concerns.
- Staff understood how to report any accidents and incidents. Accidents and incidents were documented. Where there was any learning, this was shared in staff meetings and supervisions.

#### Preventing and controlling infection

- At our last inspection, we found not all staff had received training in infection control.
- At this inspection, records showed, and staff confirmed, they had received training in infection control, COVID-19 and the safe use of Personal Protective Equipment (PPE). One staff member said, "One [training] in March and one in August and September. We did first aid training as well, that also included PPE, when to take off and in between clients."
- Staff had access to PPE such as gloves, mask, aprons and shoe covers.
- A detailed risk assessment for COVID-19 had been completed for the service as well as for each person. This provided staff with clear guidance and information on how to keep themselves and people safe.
- The director had also kept in regular contact with people and relatives around the risks of COVID-19 and how staff would keep people safe.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support. This was a continued breach of regulation 18 (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 18.

- Since the last inspection, training had been reviewed and provided to staff. The director told us, "After [the last inspection] we had face to face on manual handling, infection control etc, we went through everything."
- Staff told us they had received medicines training and we saw competency assessments for staff following training. A competency assessment shows staff have been assessed as able to complete a particular task appropriately
- Relatives felt staff were well trained and understood how to care for people appropriately. One relative said, "Yes. We know which ones are hoist trained. They have also been shown by the OT (Occupational Therapist) how to use it as well."
- Since the last inspection, staff were receiving regular supervision. The director told us due to the pandemic they had used video calls to complete these.
- Staff told us they felt supported in their role. One staff member said, Yes, [I have had supervision], twice for the year so far. Yes, we can talk about anything,"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been no new referrals since the last inspection. We were unable to assess the processes in place for assessing new care packages.
- Since the last inspection, we saw people's care needs were reviewed and documented by the service. The director told us any changes in people's needs was updated immediately. A relative said, "They did a review earlier in the year with my mum which was good. We updated the information."

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

- At our last inspection we found people's care plans did not reflect their preferences and support needs around food and hydration. At this inspection, people's care plans documented their preferences around food and what they enjoyed.

- Care staff knew people well and understood what people's preferences were around food. One relative said, "Carers know what she wants to eat, and they know what she can eat and what she likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where necessary, the service worked in partnership with healthcare professionals such as GP's and district nurses. This was documented in people's care plans.
- Staff knew who to contact if there were concerns about a person's health and wellbeing.
- Not all people required the service to be involved in aspects of people's healthcare as this was managed by relatives.
- Relatives were positive around how the service communicated and supported issues around healthcare. One relative said, "Any queries they [staff] let us know, if they think she needs a GP they call us to check who is going to call. When the district nurse comes, they call us with an update. The carers know their boundaries and when they need to shout."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Since the last inspection, the service had reviewed and updated how they documented people's mental capacity in their care plans.
- Staff had received training around the MCA. This ensured that staff understood how to support people to make decisions and protect their rights.
- Staff we spoke with demonstrated a good understanding of the MCA and how this informed their work when supporting people.
- People's capacity and ability to make decision was documented in their care plan.
- Where relatives had the legal responsibility to make decisions on people's behalf in cases where they did not the capacity to make decisions, 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 inadequate. At this inspection this key question has now improved to requires improvement. 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

- The provider had failed to ensure there was adequate oversight of the service and monitoring of care delivery, systems and processes.
- Medicines audits had failed to pick up concerns around medicines found at this inspection.
- The director confirmed that aside from medicines audits, there were no other audits completed for the service.
- The service had a registered manager but they did not have daily oversight of the service and it was unclear what involvement they had in the service. Daily oversight was maintained by the director of the service. The director said they had applied to CQC to become the registered manager.
- Whilst we were assured staff had received training and relatives felt staff were well trained, training records were not maintained accurately and were not clear on what training courses each member of staff had completed.
- Whilst we were assured staff knew people and their support needs well, records, policies and procedures showed a lack of information and were not always updated on a regular basis. This meant staff may not be aware of current guidance and people's support needs around their health and wellbeing.
- The action plan sent by the provider following the last inspection detailing how they would address breaches of regulations 12 and 17 had not been met.
- There was a failure to address previous regulatory concerns. This is the third time breaches around medicines and risk assessments have been found.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found there were no regular spot checks completed to assess the quality of care. At this inspection we found regular spot checks were being completed and documented. Where concerns were found, these were addressed.

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;

- Relatives told us that they felt the director was very supportive. One relative said, "The manager [director] is very approachable."
- Relatives felt there had been an improvement in communication with the office and senior staff since the last inspection. Comments from relatives included, "Communication is getting a lot better, much more consistent from our point of view" and "I've noticed it has improved since last year, especially on the notifications side."
- Despite this positive feedback we were also told there were concerns around informing people and relatives if there was short notice change in care staff that would be visiting.
- The director was aware of their legal responsibilities to both the CQC and local authority.

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

- The service sent out regular surveys to gain people and relatives feedback. One relative said, "She [the director] does but we also have the agreement that we ring her there and then we don't wait for a bit of paper to write it down. She is very happy for us to do that."
- Feedback forms were also available in people's care information folders in their homes. One relative told us they could fill one out at any time if they had something to say.
- Staff received supervisions, appraisals and participated in regular staff meetings where they were able to share information and seek support.
- The service worked in partnership with healthcare professionals when necessary. Relatives were fully involved in any referrals.