

Timeless Care Services Limited

20 Denver Road

Inspection report

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Tel: 07830936544

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: 20 Denver Road is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 13 people were receiving support with personal care.

People's experience of using this service:

The risks to people's health and safety were assessed and used to reduce risk. People were supported safely by staff. Staff ensured any concerns about people's safety were reported and referred to the authorities where needed. Records viewed, and feedback received, showed staff mostly arrived for calls on time and stayed the agreed length of time. People's medicines were managed safely. People felt staff understood how to reduce the risk of the spread of infection. There were processes in place for continued learning to ensure people received safe care and support.

People's assessed needs resulted in effective risk assessments and care plans. Efforts had been made to ensure these records were formed in accordance with recognised best practice guidance. The registered manager acknowledged more needed to be done ensure this was implemented consistently. Staff were well trained and had their competency to carry out their role regularly assessed.

People received support to maintain a healthy and balanced diet. People had access to other health and social care agencies where needed. 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. The director told us they would ensure that where relatives had the authority to make decisions on other's behalf, the appropriate records authorising this were always in place.

The person and relatives we spoke with praised the approach of the staff and they had formed positive relationships with them. People were treated with dignity and respect and people found staff to be kind and caring. People were supported to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.

People's care was provided in their preferred way. Records provided staff with enough guidance to provide person-centred care. The provider was working to ensure information was always provided in an accessible format. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care..

Relatives would recommend this service to others. Staff had a good understanding of people's needs. They enjoyed their role and provided care in accordance with the provider's aims and values. People's views were welcomed and valued, and action was taken to address any concerns. Quality assurance processes were in place to continually assess the standard of the care provided.

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

Rating at last inspection: This service was registered with us on 7 November 2018 and this is the first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

20 Denver Road

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. This inspection was planned 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 was carried out by an inspector and an assistant inspector.

Service and service type

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

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 manager would be available to support the inspection. The inspection was completed in one day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with one person who used the service and four relatives. We asked them about the quality of the care they received. We also spoke with three care staff, the registered manager and the director.

We reviewed a range of records. This included all or parts of records relating to the care of four people as well a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the director to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ The person and relatives we spoke with told us they or their family members felt safe when staff were in their home. A relative said, "My [relative] feels safe and they enjoy their [staff] company."
- ☐ The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. This included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect. To date there had not been any incidents that required reporting.
- ☐ All staff spoken with were knowledgeable about the reporting process and felt confident that the provider would act on any concerns raised. This offered staff reassurance that their views were valued and respected.

Assessing risk, safety monitoring and management

- ☐ The risks to people's health and safety were appropriately assessed, acted on and reviewed. Where risks were identified, assessments were in place, supported by detailed care plans, to inform staff how to reduce the risk to people's safety.
- ☐ Environmental risk assessments were completed. These assessed potential risks to safety in each person's homes. However, we did note that people's records did not contain guidance for staff on how they wanted to be supported should there be an emergency when staff were present. After the inspection, the provider forwarded us a revised assessment which now included this information. This offered assurances that people would be made safe in an emergency.

Staffing and recruitment

- ☐ Staff were punctual and stayed for the agreed length of time at each call.
- ☐ The person and the relatives we spoke with felt staff mostly arrived at the time they expected, and staff completed all tasks. Records viewed supported this. One person said, "Yes, they come on time and they stay as long as they should." A relative said, "They are sometimes a bit early, but are never late. They stay for as long as agreed."
- ☐ Staff felt they were able to arrive at most calls on time. One staff member said, "Yes definitely, enough time at the calls and travel time. We never rush and can take time with the clients."
- ☐ Staff were appropriately vetted before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- ☐ Processes were in place to ensure that where people received support from staff with their medicines, they received them safely.

- ☐ Robust medicine records were in place. These recorded when a person had taken or declined to take their medicines. Where people had refused to take their medicines, staff had recorded this and the reasons why.
- ☐ Medicine administration records were reviewed monthly. This enabled action to be taken if a theme developed such as; errors by the same members of staff or people continually refusing to take certain medicines.
- ☐ Staff competency was assessed. This enabled the provider to address any concerns with staff performance before it started to impact people's safety.

Learning lessons when things go wrong

- ☐ There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the management team and then followed up to check they had been completed. Although this was not consistently applied on all records. The registered manager assured us action was always taken to reduce the risk to people's safety; however, they would ensure all records were completed to support this.
- ☐ The number of accidents and incidents were low, therefore regular analysis of those that had occurred was not completed. The registered manager assured us that should the numbers increase, then formal analysis would be implemented. At the moment they were satisfied that they were aware of any risks to the small number of people cared for by this service.
- ☐ Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

Preventing and controlling infection

- ☐ Staff had received training to help reduce the risk of the spread of infection in people's flat. People did not raise any concerns with the way staff helped to reduce the risk of the spread of infection.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's physical, mental health and social needs were assessed prior to them starting with the service. These records were reviewed to ensure they remained in line with people's choices. People's protected characteristics were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- ☐ Efforts had been made to refer to current legislation and best practice guidelines when forming care plans and risk assessments. This helped to ensure that people continued to receive appropriate care and support.
- ☐ We did note that this was not implemented consistently across all care records and some care plans would benefit from reference to these additional resources. The registered manager told us they had confidence that people's care was provided in line with current best practice guidance but would carry out a review of all records to ensure this was referenced appropriately.

Staff support: induction, training, skills and experience.

- ☐ People were cared for by staff who received an induction, were well-trained and experienced, and had the skills needed to care for them effectively.
- ☐ The person and the relatives we spoke with told us staff understood how to care for them or their family members and they did their job well. A person said, "They know how to care for me better than I do." A relative said, "The one [staff member] who come twice a week knows [my family member] even better, but they have both got the hang of it. [My family member] likes them both. They sound like they have a laugh."
- ☐ Records showed staff had completed training the provider had deemed mandatory for their role. Staff felt well trained and supported. One staff member said, "It is really helpful to get feedback after observations (with the registered manager). It is reassuring."
- ☐ Staff were encouraged to develop their role through gaining externally recognised qualifications such as the care certificate and diplomas in adult social care. Take up of this opportunity has been low and the registered manager told us this was something they wanted to improve upon soon. This will help to further develop staff skills and expertise, improving the quality of care people received.

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

- ☐ People were supported to have enough to eat and drink and to maintain a balanced diet.
- ☐ Some people required support from staff with their meals. A person said, "Sometimes they help me, they ask if I want help. When they help me it's always a lovely meal."
- ☐ Staff were provided with guidance on how to support people with maintaining a healthy and balanced diet. People's food likes and dislikes were recorded and if people had health conditions that could affect their well-being, reference was made on how staff should support the person.

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

- Support with visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the service. If required, there were occasions when staff would support people with these visits.
- If people required support from external health and social care professionals, their professional recommendations were recorded and followed by staff.

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.

- People were provided with care in accordance with the principles of the MCA. This included completing mental capacity assessments when people could not give their consent to decision.
- Where people were not able to give their consent, best interest decision documentation was in place to ensure that any decisions made for people were always done so in their best interest. Appropriate relatives and where applicable, health and social care professionals contributed to this process.
- We did note that in a small number of records where it was recorded that relatives had lasting power of attorney (LPA) to make decisions on their family member's behalf, evidence of this was not always in the person's records. LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The registered manager assured us that decisions were always made in people's best interest and by the appropriate people, but they would make sure all relevant documentation was in place to support this.
- Staff awareness of the MCA was mixed; however, they did understand the importance of not making decisions for people that they or others had not consented to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- ☐ People were well treated by a caring, kind and compassionate team of staff.
- ☐ The person and relatives we spoke with praised the approach of staff. One relative described them as, "Kind, caring and chatty." Another relative said, "They are very friendly and ask both of us how we are. The conversation seems to flow. They are caring and kind."
- ☐ Staff spoke passionately about the people they cared for. They showed compassion and understanding that they were caring for vulnerable people. They were respectful with the language they used about people, showing a real sense of empathy.
- ☐ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds.

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

- ☐ People were able to contribute to decisions about their care needs and to provide regular feedback. This enabled their care to continue to be provided in their preferred way.
- ☐ The person and relatives we spoke with told us staff listened to them and/or their family members and acted on their views. A person told us they had the choice of male or female care staff. A relative told us they were fully involved with the care planning process and felt the care provided was in accordance with the care their family member wanted.
- ☐ Staff spoke knowledgeably about people's needs. They could explain how they cared for people and understood the importance of involving people with decisions about their care and then acting on those decisions.
- ☐ Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. Information about how people could access an independent advocate was not currently provided for people. The director told us they would amend their 'service user guide' to include this information to ensure people were offered the opportunity of further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect, particularly when receiving personal care. Staff respected people's privacy and encouraged independence whenever possible.
- ☐ The person and relatives we spoke with told us when staff provided personal care this was done in a way that protected their or their family member's dignity.
- ☐ Staff spoke confidently about how they ensured people's dignity was always maintained. One staff

member said, "It's the little things to us but huge to them, when doing the personal care - put towel over private areas, always ask them what it is what they want, don't forget to communicate, don't just do a job, realise you working for the person needs, remember every day is different, treat them as you would like to be treated yourself."

- ☐ People's independence was encouraged wherever possible. Care records contained guidance for staff on how to encourage and support people with doing things for themselves wherever possible. This included personal care, but also making meals or drinks for themselves or other household tasks.
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance data protection laws and guidelines.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- ☐ People's needs were assessed prior to them starting to use the service to ensure that their needs, choices and preferences could be met. Once people had started to use the service, regular reviews of their care took place to ensure any changes could be acted on quickly.
- ☐ Detailed care plans were in place and the person and relatives we spoke with told us care was provided in accordance these plans. Within each plan were detailed daily routines which described how each person wished their care to be provided. This included the time they would like their calls, their preferred meals and the level of support they wanted from staff when personal care was provided.
- ☐ Staff had a good understanding of people's needs and felt the care records provided them with enough information to care for people in their preferred way.
- ☐ Regular 'spot-checks' were carried out by senior staff and management to ensure that staff cared for people in line with their personal choices and preferences. The director told us that due to the small number of people who used the service, this helped them to provide a fully person-centred service and regular reviews of staff performance assisted them in doing so.

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

- ☐ Where people required support with social activities this was provided by staff. Most people received support with this from family and friends, but there were occasions when staff assisted people with shopping, going to local cafés and pubs or visiting other local amenities.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ The registered manager was not aware of the AIS but once this was explained to them, they were able to provide examples where they would provide people with records in an accessible format if needed. This included providing records for people in larger and different types of fonts.
- ☐ The director assured us they and the registered manager would review the AIS to improve their knowledge and awareness to ensure they were providing information and records in a way that did not unintentionally discriminate against people.

Improving care quality in response to complaints or concerns

- ☐ The person and the relatives we spoke with told us they were aware of the complaints process and were confident the registered manager or other relevant staff members would act on any issues or complaints raised. A relative said, "I'd ring [the director]. I have never made a (formal) complaint; however, when [my relative] first started I had a small issue, and [the director] were very reactive."
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- ☐ The service was not currently providing end of life care for people.
- ☐ However, one person who used the service was receiving end of life care from another agency. The person's care records contained limited information about this and records should be in place for staff in relation to this care. This will ensure that staff employed by this provider had clear directives about what was expected of them and what was expected of the other agency. This will ensure that the person received consistent care from both agencies. The registered manager told us they would address this.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ Quality assurance processes were effective in identifying areas of good quality care and areas for improvement. Where improvements were identified, actions were agreed and completed in good time. This ensured people continued to receive high quality service with risks to their safety reduced.
- ☐ The registered manager understood the regulatory requirements of their role. They worked alongside the director of this service. Together, they ensured appropriate authorities such as the CQC and local authority would be informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care.
- ☐ Staff has a clear understanding of their role and how they contributed to the on-going success of this service. Staff felt well-informed and understood what was required of them to ensure high quality performance and reducing the risks to people's safety.
- ☐ Staff performance was regularly reviewed to ensure they continued to provide care in accordance with provider's aims and values.

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

- ☐ People received care in a person-centred, inclusive and empowering way. The small size of this service meant the registered manager and director had a thorough understanding of all people's needs. This contributed to a person-centred approach and service and resulted in good outcomes for people.
- ☐ Relatives spoken with felt able to raise any issues or concerns they had with the registered manager and/or the director. Any concerns were acted on quickly which made them feel valued, respected and they had their family member's well-being was important to them.

Continuous learning and improving care

- ☐ A messenger service was in place to inform all staff at once if there was anything they should be aware that could have impact on the service people received. This could be changes to company policy or an increase in risk to a person's safety. This helped the provider to ensure that people's care continuously improved.
- ☐ Team meetings did not yet take place. Any issues were discussed during supervisions or via the messenger service. The registered manager acknowledged the importance of team meetings and told us they would implement them soon.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- ☐ Regular 'customer feedback' questionnaires were completed to enable the provider to have an on-going understanding of any themes that could affect the quality of the care people received.
- ☐ High standards were expected of staff. People were asked about staff performance, how staff interacted with them and whether staff were well-presented when they came to their home. Records showed people and relatives were happy with the staff who supported them or their family members.
- ☐ Relatives spoken with told us they would recommend this service to others.
- ☐ Staff felt able to raise any issues with the director and/or registered manager and those concerns would be acted on.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all.