

Time to Care Specialist Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Time to Care Specialist Support Services Limited provides personal care and support or enablement to people with learning disabilities, autism or associated related conditions and/or people with physical or mental health needs. 17 people received support at the time of the inspection, including people within four independent supported living settings. Only six of these people received personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received a good, safe, caring and responsive service, but other aspects required some further improvement.

At the last inspection staff had not always received support sessions. Although a plan had been in place, some staff had still not received an appraisal or regular supervision.

There were enough, consistent staff to support people. The provider had suitable recruitment and training procedures in place. The provider updated some of their recruitment processes during the inspection, after discussion.

Medicines management was generally good. Any minor issues noted, were addressed during the inspection.

Accidents and incidents were recorded and monitored, and any lessons learnt shared with the staff teams.

People were kept safe from abuse. Staff had received training to protect people and knew how to report any concerns appropriately. Risks people faced had been assessed and the provider was reviewing information to ensure it was all up to date and relevant.

People had access to food and fluid which met their dietary requirements.

Staff treated people in a gentle and caring manner. The care delivered was centred around the people receiving support and they were helped to remain part of the community in which they lived where ever possible.

Complaints were recorded and managed in a timely manner with outcomes noted.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain skills and become more independent.

Audits and checks were in place but were behind in some cases. Management were working through the backlog caused by changes in previous management.

We have made one recommendation regarding the formatting of policies and procedures.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 November 2018) with breaches of two regulations. The service has remained as requires improvement, but progress was noted, and they are no longer in breach of any regulations. However, further time was needed to fully embed improvements in the effective and well led areas.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Time to Care Specialist Support Services Limited

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 team consisted of one inspector and an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats. 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 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 the service is small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection and to organise contact with the people who use it. Inspection activity started on 26 November and ended on 2 December 2019, which included visits to people on 2 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority safeguarding and commissioning teams in the areas in which the provider supported people. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives. We spoke with the registered manager and contacted 17 members of staff. Not all staff responded to our contact, but those that did included, the office manager, the operations manager, two senior support workers and seven support workers. We also contacted a Macmillan social worker, a community learning disability nurse, a nurse therapist, two social workers, two care managers, a senior practitioner at Northumbria Healthcare NHS Foundation Trust, the local district nurse team and one GP. We used their comments to support the judgment of this inspection.

We reviewed a range of records. This included four care plans and four medicine administration records. We looked at six staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, quality assurance checks and policies and procedures.

After the inspection

The provider sent us further information as requested.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Minor recording issues were addressed during the inspection.
- Not all staff had their medicines competencies checked to ensure they were safe to administer medicines. This was currently being addressed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed to help keep them safe. These were generally reviewed regularly.
- Equipment used to help keep people safe had guidance for staff to help them understand how to manage risks. For example, the use of moving and handling equipment.

Staffing and recruitment

- There were enough staff to support people with their care needs. We noted good continuity of staff in rotas and people told us they generally had staff they knew attending to them.
- A recruitment procedure was in place. One person confirmed they had been part of the interview process and said, "I asked questions and helped to pick them." Potential staff were checked to ensure they were suitable to work with vulnerable people. We found some recording issues which would have benefitted from an update. This was completed during the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report concerns. Staff were aware of the signs and symptoms of potential harm and told us they would report any issues to the registered manager. Staff had received training in safeguarding people.
- The provider reported all safeguarding concerns appropriately.

Learning lessons when things go wrong

- The provider had procedures for recording and reporting accidents and incidents.
- The registered manager reviewed accidents and incidents and identified any actions required. We suggested a minor update in the analysis of these and the registered manager updated their procedures during the inspection.

Preventing and controlling infection

- Staff followed good infection control procedures, which included wearing gloves while providing personal care to people.

- People and their relatives told us care staff left their homes clean and tidy after each visit and washed their hands regularly.

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 remained the same. Staff support was not effective.

Staff support: induction, training, skills and experience

- Staff did not receive support in line with company policy, which included annual appraisal. Staff told us they felt supported, but some appraisals had not been completed since we last inspected, even though a plan was in place. A new plan was now in place to address this.
- A suitable induction process was in place which included staff undertaking the Care Certificate.
- Training was in place to help staff meet people's care and support needs. A few gaps were noted in training schedules, but these were booked to take place in the near future.

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

- People had their care and support needs assessed prior to using the service to ensure staff could meet them. This included gaining information from the local authority and families or friends to support this.
- Care and support plans were reviewed regularly to ensure care was delivered to continually meet people's needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered. Best interest decisions had been made where people required support with more complex issues.

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

- People received enough food and drink to meet their dietary needs, including those people on special diets. One relative said, "They cook all his food from scratch."
- People who had concerns around their food or fluid intake had been referred to specialist teams when necessary.

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

- The staff team liaised with healthcare professionals, to respond to people's health needs. Care records contained information about people's medical history, health needs and contact details of healthcare professionals to support this. Information was shared appropriately with others when needed. One healthcare professional told us, "They (staff) reacted when emergency medical attention was required."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; respecting equality and diversity

- People were treated by caring and thoughtful staff. Staff were kind and compassionate to the people they supported. One person said, "The staff are lovely, very caring." One healthcare professional said, "My overall opinion is that they always had the client's needs at the heart of their work."
- The registered manager was committed to ensuring staff provided consistently caring support. They told us, "I want the best care for people at all times."
- Staff were confident people were treated well. One member of staff said, "All of the staff are really nice. Someone is in hospital at the moment and one of our staff came back from holiday early to support them."
- Equality and diversity was upheld. Through talking to people, relatives and staff, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

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

- People were supported to make decisions about their care. One relative said, "We have catch up meetings regularly to let me know what's going on and if things need to be done differently."
- Feedback was actively sourced from people and their relatives via visits, phone calls and surveys. Surveys were due to be sent out.
- Advocacy services were used by people when needed. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "They shut the toilet door even though (person) usually forgets. (Person) has private time in their room and they encourage them to shut the door."
- People's independence was supported and encouraged. One relative said, "One great thing is that they support (person) to allow them to lead an independent life."

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 improved to 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 care was person centred to ensure it met their individual needs. Care plans were devised with input from people, their families and healthcare professionals. When people's needs changed, staff were able to support them effectively.
- People valued having consistent teams of staff to support them. This also meant staff knew each person's individual preferences. Preferences were also recorded to support staff in understanding people well.
- The registered manager held regular weekly calls to one person to help them express their support needs to ensure staff could continue to meet them.
- Staff response time was good. One relative told us, "One really good thing about them is their reliability and their ability to get staff there (person's home) at short notice. That is important for us."

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.

- Care and support plans were put in place to support people's communication needs.
- Staff had been trained in various communication methods to better support people. One healthcare professional told us, "A member of the (staff) team signs Makaton which has enabled the service user to express himself and join in more activities."

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

- Community involvement and family ties were maintained. People were encouraged to participate in a range of activities to support this, including visits to families and local centres. One relative said, "Lots of social things – it's fun." A staff member told us, "I absolutely love it here, people that we care for are stimulated, they do lots of activities."

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to have robust systems in place to act on complaints received. This was a breach of regulation 16 (Receiving and Acting on Complaints) 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 16.

- Complaints policies and procedures were in place and available to people and their families. The complaints policy was not available in picture format, which would help some people. We discussed this with the registered manager who agreed and said they would look into this.
- The four complaints received had been recorded and dealt with effectively.

End of life care and support

- No one was currently on end of life care. The management team confirmed they would work with healthcare professionals should this occur.

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. Changes to the management team had occurred. This meant leadership had been inconsistent. Leaders and the culture they had created had not always supported the delivery of high-quality, person-centred care. Although improvements had been made, these needed to be embedded.

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 report all incidents as legally required to the Commission. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

At our last inspection the provider had failed to have robust systems in place to maintain an effective governance system. This was a breach of regulation 17 (Good governance) 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 17.

- New management staff were in place, including in the office and in the care environment. Some staff were settling into their roles and learning procedures.
- Quality audits and checks had been completed, but some were a little behind in timescales. The provider had recently reviewed how they monitored the service and was able to demonstrate how they maintained oversight of the service.
- The management team were not fully clear on what personal care entailed as part of their registration. We gave them information to support their understanding.
- Some policies were not in a suitable format. For example, the complaints policy was not available in picture format. The registered manager said they would look into this.
- The management team continued to look for ways to improve care. One staff member told us, "We are in the middle of streamlining, making things more efficient." Another staff member said, "We have had a lot of hassle over the last year, but it has got much better. We are going in the right direction" (this was in connection with management changes).

We recommend the provider review all relevant policies to ensure formats are available to meet all people's communication needs, particularly those with learning disabilities.

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

- Communication with people and staff was reported to be improving after a period of senior staff changes and instability.
- The management team promoted a positive culture which had achieved 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

- The registered manager and management team were open and responsive to feedback.
- People and their relatives told us the provider acted quickly when action was required if care needed to be changed for whatever reason. A healthcare professional said, "The manager acts very quickly and is honest in her intentions. She acts at all times with the best for people in mind."

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

- Staff meetings had taken place, but these were planned to be more frequent. Staff were able to give their views on the service and be involved in its running.
- People and their representatives were asked to feedback on the quality of service provided. People were contacted individually to check they were happy with the care provided to them.

Working in partnership with others

- The service worked in partnership with other agencies. We received positive comments from the local authority and other healthcare professionals involved with people using the service. One healthcare professional said, "They have gone out of their way to put the right care in place. We know there has been some management challenges in the last year, but they are coming out the other end now. (Registered manager name) has continued to be professional and consistent throughout."
- The registered manager engaged with registered managers from other providers via a local meeting which they had been instrumental in setting up. Good practice was shared, and better communication developed.