

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?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Time to Care Specialist Support Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, those who have a dementia related condition and people with learning disabilities. They also provide care and support to people living in four supported living settings, so that they can live as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using the service receives the regulated activity of personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

We last inspected the service in July 2017 and found five breaches of the regulations. These related to safeguarding people from abuse and improper treatment, need for consent, staffing, good governance and fit and proper persons employed. We rated the service as requires improvement.

Following our inspection, the provider sent us an action plan, which stated what action they planned to take to improve and meet the regulations.

At this inspection we found that action had been taken in certain areas, however, further improvements were required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The operations manager was going to apply to become registered manager. This would allow the current registered manager to have a more strategic oversight of the management of the service as the provider.

Medicines were mostly managed safely. People and relatives told us that medicines were administered as prescribed. There were several medicines missing from one person's medicines administration record which the provider addressed.

Safeguarding systems and processes had improved. No safeguarding issues were identified during our inspection. Staff were knowledgeable about what action to take if abuse were suspected. However, it was not clear which staff had completed safeguarding training from the training records we viewed.

Safe recruitment procedures were now followed. Suitable recruitment checks were followed to help ensure that staff were suitable to work with vulnerable people. The registered manager told us that recruitment was

ongoing. Most people and relatives told us that visits were carried out on time and staff stayed for the agreed length of time.

Records did not always evidence how staff followed the Mental Capacity Act 2005. The registered manager told us that this had been addressed.

Records did not always evidence the training which had been undertaken. Although we were unable to ascertain the training which had been completed, the staff we observed were knowledgeable about areas such as moving and handling.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who used the service. Staff promoted people's privacy and dignity.

An activities coordinator was employed. There was an activities programme in place which people could access if this was part of their plan of care and support.

An effective system to manage and respond to complaints was not fully in place.

The provider was not meeting all the conditions of their registration. When we register providers, we do so with conditions. Time to Care Specialist Services Limited had two registration conditions; to have a registered manager and to manage the regulated activity of personal care from the location address in Alnwick. At this inspection, we found that the provider was also running the service from another location in Ashington. This location was not registered as a condition with CQC, which meant the provider was not meeting the conditions of their registration. We spoke with the registered manager about this issue. Following our inspection, she submitted an application to add the Ashington location as a condition of their registration.

The provider had not notified CQC of a serious injury. This omission meant an effective system was not in place to ensure that all notifiable incidents were reported to ensure CQC had oversight of all notifiable events to make sure that appropriate action had been taken.

The provider had strengthened their quality assurance system. However, it had not identified the shortfalls we identified with the MCA, training, complaints and medicines management.

The provider sought to work in partnership with others. The provider hosted the North Northumberland Registered Manager's meetings in collaboration with Skills for Care. They had also been a finalist in the National Learning Disabilities Awards after being nominated by a member of the public.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to receiving and acting on complaints and good governance. We also identified a breach of the Registration Regulations 2009, which related to the notification of other incidents.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were mostly managed safely. There were several medicines missing from one person's medicines administration record which the provider addressed.

Safeguarding systems and processes had improved. However, it was not clear which staff had completed safeguarding training from the training records we viewed.

Safe recruitment procedures were now followed. The registered manager told us that recruitment was ongoing. Most people and relatives told us that visits were carried out on time and staff stayed for the agreed length of time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records did not always evidence how staff followed the Mental Capacity Act 2005. The registered manager told us that this had been addressed.

Records did not always evidence the training which had been undertaken.

People's nutritional needs were met and they were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

We observed positive interactions between staff and people.

Staff supported people's privacy and dignity.

People and relatives told us they were involved in people's care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

An effective system to manage and respond to complaints was not fully in place.

An activities coordinator was employed. There was an activities programme in place which people could access if this was part of their plan of care and support.

People had a care plan in place which aimed to meet their physical, social and emotional needs. The reviewing process had been strengthened and care reviews were carried out.

Is the service well-led?

The service was not always well led

The provider was not meeting all the conditions of their registration. They were running the service from another location in Ashington. This location was not registered as a condition with CQC. In addition, we had not been notified of a serious injury.

The provider had strengthened their quality assurance system. However, it had not identified the shortfalls we identified with the MCA, training, complaints and medicines management.

The provider sought to work in partnership with others. The provider hosted the North Northumberland Registered Manager's meetings in collaboration with Skills for Care. They had also been a finalist in the National Learning Disabilities Awards after being nominated by a member of the public.

Requires Improvement 

Time to Care Specialist Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 service.

We gave the service 48 hours' notice of the inspection visit because the service provided care and support to people in their own homes and we needed to ensure someone was at the office to facilitate our inspection.

Inspection site visit activity started on 15 August 2018 and ended on 3 September 2018. We visited the office location on 15, 16 and 17 August 2018 and the 3 September 2018 to see the registered manager and office staff and to review care records and policies and procedures. We visited six people at home on the above dates. The expert by experience spoke with five people and 10 relatives by phone on 16 and 17 August 2018. Following our site visits, the provider sent us information we requested by email.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which when submitted enable CQC to monitor any issues or areas of concern.

We contacted the local authority's safeguarding and contracts and commissioning teams. We also contacted 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 their feedback to inform the planning of the inspection. Following our inspection, we spoke with three people's care managers from the local NHS Trust.

We did not request a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with the registered manager, operational manager, quality and compliance manager, planner/coordinator, human resources officer and five care workers. The registered manager emailed all 62 staff with our contact details in order that staff could email us with any feedback. Three staff responded to the email. We examined five people's care plans and medicines administration records. We also checked one computerised care plan for one person who received 24 hour care. We looked at training and recruitment information and other records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified four breaches of the regulations. These related to safeguarding people from abuse and improper treatment, staffing, fit and proper persons employed and good governance. One specific allegation had not been reported to the local authority in line with the provider's safeguarding policy. The provider had not notified CQC of three safeguarding allegations in a timely manner. Not all staff had completed safeguarding training. We identified shortfalls and omissions with regards to staff recruitment and the recording and management of medicines. Risk assessments were not always detailed and some risks had not been formally assessed.

At this inspection, we found that some improvements had been made, however we identified ongoing shortfalls and omissions which had not been identified by the provider's monitoring system.

Medicines were mostly managed safely. People and relatives told us that medicines were administered as prescribed. Comments included, "The carers help me with my eye drops once a day. There have been no problems"; "They give her her medication regularly" and "Medicines are given at the correct times that they have to do it."

The recording of medicines had improved, however, there were medicines missing from one person's medicines administration record. We informed the registered manager about this issue and the quality and compliance manager addressed this immediately.

The registered manager and operations manager told us that medicines administration records were checked when care files were audited. It was not clear however, which areas of medicines management were checked when care files were audited. Following our inspection, the registered manager sent us an updated monitoring and review form which included the specific checks on medicines.

Risks were mostly assessed and monitored. The risk assessment process had improved. Risk assessments were now more detailed. These identified risks relating to people's care such as moving and handling. We visited one person at home and saw they had bed rails in place. However, a risk assessment about the use of bedrails had not been completed.

People were protected from the risk of infection. Staff had access to and used personal protective equipment such as gloves and aprons.

Prior to the inspection, a person sustained an injury. The provider did not notify CQC of the injury. In addition, there had been a delay in notifying the person's care manager. This is being dealt with outside of the inspection process. Following our inspection, the registered manager wrote to us and stated, "There was a slight delay in contacting the care manager because of a telephone line issue at the local authority."

Safeguarding systems and processes had improved. People told us they felt safe. One person told us, "This has been my third lot of carers and I am more satisfied now. The carers I have now, I get on with really

marvellously well. Yes, I do feel safe."

No safeguarding issues were identified during our inspection. Staff were knowledgeable about what action to take if abuse was suspected. They told us they had not observed anything which concerned them. However, it was not clear which staff had completed safeguarding training from the training records we viewed.

A log was kept of accidents and safeguarding incidents, however, lessons learnt were not documented. Following our inspection, the operations manager wrote to us and explained that an additional column had been added to their monitoring log to document any lessons learnt

Safe recruitment procedures were now followed. Suitable recruitment checks were followed to help ensure that staff were suitable to work with vulnerable people. The registered manager told us that recruitment was ongoing.

Is the service effective?

Our findings

At our last inspection, we rated this key question as requires improvement. An effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005 [MCA]. There was no evidence of induction training and records did not always evidence the training which had been undertaken or demonstrate that competency checks had been completed to ensure staff were able to carry out care safely and effectively.

At this inspection, we found continuing shortfalls in relation to the MCA and training.

The 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.

Mental capacity assessments had not been carried out for specific decisions for two of the people we visited. Following our inspection, the registered manager told us that these were now in place.

An effective system was not fully in place to demonstrate that staff were skilled and knowledgeable. Staff told us that training was carried out. However, records, including the training matrix and staff training files did not always evidence the training which had been completed. The operations manager explained they had been having difficulties with obtaining training data and certificates from their online training provider.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

Although we were unable to ascertain the training which had been completed. The staff we observed were knowledgeable about areas such as moving and handling.

Most people and relatives told us that staff were well trained. Comments included, "The staff use the hoist correctly. They seem well trained"; "The staff know very well what they are doing. There is no problem"; "The carers we have are well trained, as far as I can judge. They do the job effectively as far as I am concerned. Occasionally the regulars will have a day off for training"; "They appear to be well trained. They always ask my mum what she would like to do and then do whatever my mum asks" and "The staff are trained for diabetes, seizures and epilepsy. The carers are getting more confident and getting to know the [people]."

We observed a member of staff change a person's medical device. They carried out this task skilfully and ensured that the person was safe and relaxed. Staff who supported this person had completed specialised training in this area.

All staff with whom we spoke told us they felt well supported. There was a supervision and appraisal system in place. The operations manager explained that appraisals had not yet been carried out due to unforeseen circumstances. A plan was in place to ensure these were completed.

People were supported to access healthcare services such as the GP and district nurses. This was confirmed by people and relatives. Comments from relatives included, "If staff notice anything untoward about my wife they inform me. A few months ago, myself and the carers were worried about my wife and we worked together to get her into hospital" and "They normally make an appointment at the doctor's over the slightest thing and they tell me. They have arranged for the optician and the chiropodist to come to the house and they take her to the dentist." We noted that one person's relative had given specific instructions about the consistency of their relation's diet and fluids. However, there was no evidence that these instructions had been advised by the speech and language therapist. We spoke with the registered manager who stated the quality and compliance manager would contact the speech and language therapist for advice.

People's nutritional needs were met. People and relatives spoke positively about the support provided. Comments from relatives included, "They make meals and they do the shopping or get it delivered. They try to give her a variety"; "The staff make her breakfast, lunch and tea. She gets a choice of food"; "All the meals are made from fresh food from the start and there are no convenience foods. The carbohydrates are given in the right portion size [for the person's medical condition]" and "They will cook for her and make things that she has requested." One person who required 24 hour support had a menu displayed in their kitchen. A range of meals were planned including a "surprise day" where an impromptu meal was made. We heard how chilli beef nachos had been a tasty "surprise" meal.

Is the service caring?

Our findings

At our last inspection, we rated this key question as good. At this inspection, we found that the provider continued to ensure good outcomes for people in this key question.

People were treated with kindness and compassion. This was confirmed by most people and relatives. Comments included, "I think it's a good personal service and they treat my [relative] as a friend. The manager keeps in touch and she will meet me for a coffee to discuss my sister"; "They are really nice, they are very willing compared to the last company. One of the carers brought in a meal for me that she had made at home"; "They wash my wife's hair and they brush her hair and put perfume on. The carers will bring us things like a loaf of bread if we ask them"; "My mum is very fond of the carer she sees most of the time. They will take the time to sit down and chat with her while she is having a cup of tea" and "The carers take a great interest in my mum and they talk to her about different things." One person who we visited told us how they enjoyed speaking with the registered manager. They loved films and liked to call the registered manager "Agent M" from the James Bond film!

The registered manager showed us an email they had received from a person's care manager. This stated, "May I take this opportunity to compliment and thank you on behalf of our client.... In just a short time you have made a significant difference to this [person's] life. [They] do not take to or trust people easily and [their] previous care arrangements broke down shortly after it started. [They] have told me that [they] really like the carers who work with [them]. Your personal attention to [their] care and accessibility during this difficult time has meant the world to [them]. [They] feel confident that Time to Care can support [them] to achieve the things [they] want to do with the remainder of [their] life."

We visited people at home and saw that people appreciated seeing staff. They enjoyed talking to staff about how they were and their families. One person showed us a rose bush that staff had supported them to plant to remember their relative who had died.

Staff were friendly and helpful towards people and spoke in a caring and respectful manner about the people they supported. Comments from staff included, "It's all about what they want"; "You build up a rapport [with people]" and "We have a laugh and a joke. I sometimes come in 20 minutes earlier and stay 20 minutes later just so she has company."

We visited one person who we had visited at a previous inspection. The last time we saw them, they were spending a lot of time in bed. At this inspection, they came down to speak to us and explained how they now went out and enjoyed walks with staff and one of the staff member's dogs. As a result of the exercise and healthy eating, they had also lost weight which they were happy about. They enjoyed showing us various impersonations of well-known characters from films such as Mrs Doubtfire. The care worker told us, "They're brilliant at doing impressions."

People were treated with dignity and respect and their independence was promoted. This was confirmed by people and relatives. One person told us, "They are good with privacy, they wrap you up." A relative said,

"They always ask my wife what she wants to do. They always draw the curtains for privacy." Staff explained that they always ensured they promoted people's independence. One person who we had visited at a previous inspection, was now self-administering and signing their own medicines administration record.

There were systems in place for people to express their views about their care. Care reviews were now carried out. Most people and relatives told us they felt involved in people's care and support. Comments included, "Yes, they asked me what the best time to come here would be and that was put in the care plan"; "I had a co-ordinator who came to see me and we really hit it off. She asked me what I needed. They certainly know what my requirements are"; "I read the care plan and signed it. The carers follow the care plan and they register in it as they come in and go out"; "She has a book with the care plan. We spent quite a lot of time with the care manager discussing my mum's needs. So yes, we were very involved with that" and "I was involved in the care plan and had meetings with the manager. We have review meetings every month and have a chat about how things are going."

Is the service responsive?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. Care plans and risk assessments were not always detailed. It was not clear when reviews of people's care had been carried out or what areas had been reviewed. The registered manager told us that no formal complaints had been received. However, it was unclear how many informal complaints had been received

At this inspection, improvements had been made in relation to care plans and the risk assessment process; however, we found ongoing shortfalls with the management of complaints.

There was a complaints procedure in place which was included in people's care files. The registered manager told us there had been no complaints received. However, we spoke with one relative who stated they had made a complaint; however, they had not received a response to their complaint. We read the complaints procedure and noted that timescales about when complaints would be responded to, were not documented. We contacted the relative again, following our inspection. They told us they had still not received a response about the complaint they had made.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Receiving and acting on complaints.

People had a care plan in place which aimed to meet their physical, social and emotional needs. Staff were very knowledgeable about people they supported.

The reviewing process had been strengthened and care reviews were carried out. Comments from relatives included, "They do a review every three or four months and I met with the manager this week, to go over the care plan and about the weekly timetables quite thoroughly"; "We get a review meeting every month and anything that needs ironing out gets ironed out"; "I have had a couple of review meetings and we have discussed her medication" and "I had a meeting last week and reviewed things like sitting her in her chair properly."

An activities coordinator was employed. She spoke passionately about her role and about the importance of ensuring people's social needs were met. She stated, "It's been very rewarding to watch some of our service users develop relationships, interact with other service users and other staff, gain confidence in group activities and most of all enjoy the time we spend with them."

There was an activities programme in place which people could access if this was part of their plan of care and support. We visited two people who required 24-hour support. They were going to visit a specialist recreational, sensory and social centre in Newcastle. Staff used 'Tacpac' with one person who was unable to communicate verbally. Tacpac is a sensory communication resource using touch and music to help communication.

The service was meeting the Accessible Information Standard to ensure the information and communication needs of people were met. Care plans contained details of people's communication needs and some people whom we visited had a communication passport in place. These included important information about the person. One staff member told us, "It tells you everything."

Technology was used to help ensure people received timely care and support. Staff used mobile phones to log in and out of people's homes so any missed or late calls could be identified in a timely manner.

Is the service well-led?

Our findings

At our last inspection, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. There were shortfalls and omissions with regards to the maintenance of records. An effective system was not in place to monitor the quality and safety of the service. The provider had not informed CQC of all notifiable events in a timely manner. At this inspection, we found that some improvements had been made, however further action was required.

We found that the provider was not meeting all the conditions of their registration. Time to Care Specialist Services Limited had two registration conditions; to have a registered manager and to manage the regulated activity of personal care from the location address in Alnwick. At this inspection, we found that the provider was also running the service from another location in Ashington. This location was not registered as a condition with CQC, which meant the provider was not meeting the conditions of their registration. We spoke with the registered manager about this issue. Following our inspection, she submitted an application to add the Ashington location as a condition of their registration.

At our previous inspection, we found that the provider had not notified CQC of three safeguarding incidents in a timely manner and the outcome of an application to the Court of Protection to deprive an individual of their liberty. At this inspection, the provider had not notified CQC of a serious injury. This omission meant an effective system was not in place to ensure that all notifiable incidents were reported to ensure CQC had oversight of all notifiable events to make sure that appropriate action had been taken.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The provider had strengthened their quality assurance system. However, it had not identified the shortfalls we identified with the MCA, training, complaints and medicines management. One relative told us they had not received a response to the complaint they had raised, records did not always evidence the training which staff had completed, records did not always evidence how staff followed the Mental Capacity Act 2005, medicines were missing from one person's medicines administration record and it was not clear which areas of medicines management were checked when care files were audited.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Good governance.

The provider was not displaying their CQC ratings of requires improvement following their previous inspection. It is a legal requirement that providers have to display their ratings on their website and at their main place of business. We discussed this with the registered manager and by the end of the first day of our inspection; the provider was displaying their ratings both on their website and at the office.

There was a registered manager in place in line with legal requirements. She was also the chief executive of the company. The operations manager was going to apply to become registered manager. This would allow

the current registered manager to reduce their 'hands on' management and enable them to have a strategic oversight of the management of the service as the provider.

Most people and relatives were positive about the service. Comments included, "Marks out of 10, I would say the service is nine"; "I am really happy with the service and in comparison, to other services, I really have had no problems with these. I would say the service was good"; "I would say this service is the best one you can go to. I couldn't get any better really, than what I have got"; "I would recommend people to go and talk to them. If you tell them what you want, they will do their best to accommodate you. They work towards giving you what you need as opposed to telling you what they can provide" and "I would say the service is reliable and easy to contact and they do their job efficiently. I have not had to intervene at any point and my mum is happy with them. I would recommend them."

Most staff told us they enjoyed working at the service and felt supported. Two staff emailed us and stated, "[Operations manager] is a great manager, he has been very supportive and I ring him any time with any questions or problems we have. [Name of registered manager] is lovely and she also pops in the house often to check staff and the service users are okay. I am the happiest I have been in a long time working for this company" and "I felt supported when asking for equipment, organising a holiday for two of our service users and felt appreciated when management have asked for my advice around some of our service users who have disabilities as this is where my past experiences are." One staff member considered that communication could be improved.

The provider sought to work in partnership with others. The provider hosted the North Northumberland Registered Manager's meetings in collaboration with Skills for Care. They were also a member of the Association for Real Change [ARC]. The provider used a compliance company to provide their policies and procedures and care documentation. This helped the provider keep up to date with good practice and any legislative changes. They had also been a finalist in the National Learning Disabilities Awards after being nominated by a member of the public.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints An effective system to receive and act upon complaints was not fully in place. Regulation 16 (1)(2).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not in place to monitor the quality and safety of the service. There were shortfalls in the maintenance of records relating to people, staff and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).