

Time 2 Care (BSE) Ltd

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Inspection report

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Date of inspection visit:
19 January 2016

Date of publication:
15 February 2016

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

The inspection took place on 19 January 2016 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure someone would be available.

This was the first inspection of the service which was registered in July 2014.

Time2Care (BSE) Ltd is a domiciliary care agency providing personal care and support to people who live in their own homes. At the time of the inspection 52 people were using the service. The majority of people were over 65 years old and had a range of health and personal care needs. Some people were receiving support at the end of their lives. A small number of people were younger adults who had a learning disability, physical disability or mental health needs. People using the service lived within the London Borough of Hillingdon. The local authority and the local Primary Care Trust paid, or part paid, for some people's care. Some people had arranged their care privately and paid for this themselves.

Time2Care (BSE) Ltd is a privately run organisation with two branches, one in Suffolk and this branch in Hillingdon. The organisation is owned and managed by a family. Some of the family work as carers and some in management roles.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

There were appropriate procedures to safeguard people and the staff were aware of these.

The risks to people's safety and wellbeing had been assessed and there were plans to maintain individual people's safety.

There were enough staff to care for people. Recruitment procedures were designed to ensure staff were suitable to work with vulnerable people.

People received their medicines in a safe way. The staff received the training and support they needed to care for people safely.

People had consented to their care and treatment and were involved in decisions about their care.

People's healthcare needs were monitored and the care workers liaised with other professionals to make sure these were met.

People told us they had a good relationship with their care workers and had the same regular care workers. They told us the staff were kind, polite and caring. They enjoyed their visits.

People told us the care workers treated them with respect and ensured their privacy and dignity.

People's needs were assessed and care was planned to meet these needs. The care reflected personal preferences and supported people in a person centred way.

There was an appropriate complaints procedure and complaints were investigated and acted on.

There was a positive culture at the service where people using the service, their representatives and staff felt valued and able to share their ideas and concerns.

There were systems for monitoring the quality of the service and for working towards continuous improvement.

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.

There were appropriate procedures to safeguard people and the staff were aware of these.

The risks to people's safety and wellbeing had been assessed and there were plans to maintain individual people's safety.

There were enough staff to care for people. Recruitment procedures were designed to ensure staff were suitable to work with vulnerable people.

People received their medicines in a safe way.

Is the service effective?

Good 

The service was effective.

The staff received the training and support they needed to care for people safely.

People had consented to their care and treatment and were involved in decisions about their care.

People's healthcare needs were monitored and the care workers liaised with other professionals to make sure these were met.

Is the service caring?

Good 

The service was caring.

People told us they had a good relationship with their care workers and had the same regular care workers. They told us the staff were kind, polite and caring. They enjoyed their visits.

People told us the care workers treated them with respect and ensured their privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and care was planned to meet these needs. The care reflected personal preferences and supported people in a person centred way.

There was an appropriate complaints procedure and complaints were investigated and acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture at the service where people using the service, their representatives and staff felt valued and able to share their ideas and concerns.

There were systems for monitoring the quality of the service and for working towards continuous improvement.

Time2Care (BSE) Ltd

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.

This inspection took place on 19 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

The inspection visit was conducted by one inspector. Before the visit an expert-by-experience contacted people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported this inspection had experience of caring for older people.

Before the inspection we looked at all the information we had about the provider including notifications of significant events. We spoke with 12 people who used the service and five relatives of people who used the service over the telephone to ask them about their experiences.

During the inspection visit we met the manager, deputy manager, senior carer, three care workers and the administrator. We looked at the records for four people who used the service, including care plans and medicine administration records, the recruitment, training and support records for four members of staff, and other records used by the provider to monitor and manage the service. Following the day of the visit we spoke with the nominated individual for the organisation.

Is the service safe?

Our findings

People told us they felt safe when the care workers were helping them. They said they were confident their home and belongings were safe.

The agency had a procedure for safeguarding adults and all the staff had received training in this. The staff were able to tell us what they would do if they suspected someone was being abused or at risk of abuse. An incident had occurred where the agency had been alerted to the abuse of someone who used the service. They had worked with the police and local safeguarding authority to investigate and act on the concerns, making sure the person was protected.

One person told us that the care workers shopped for them. They were happy with the way in which the care worker handled their money. They said that the care worker offered them choices, looked after their money safely and made sure they showed the person receipts of all purchases.

The risks to people's safety had been assessed. The managers undertook assessments of risks when people started to use the service and updated these when their needs changed. We saw examples of risk assessments, which including assessing safety in the person's environment, with moving them safely, using equipment and also specific needs such as risks associated with their physical or mental health conditions. The assessments were appropriately detailed and included the actions the staff needed to take to keep people safe.

The provider had a contingency plan for emergency situations. This included a car which care workers could use if theirs broke down, teams of staff who worked in specific areas and knew the people using the service in that area, and managers being trained to offer care and support. The computer information about people using the service and staff was on a secure and backed up server so could be accessed by the manager from another location in an emergency. There was a 24 hour on call system where managers were available for the staff. The information recorded in people's homes included guidance on emergency dressings and the action the staff should take in the event of an injury to the person.

With the exception of one person we spoke with, people told us the care workers always arrived on time and when they were expected. One person said that there was variation each day and this had been agreed with the local authority but they did not like it because the care worker arrived any time within a two hour time slot.

The provider employed enough staff to care for people using the service. The manager told us that they had deliberately grown the business at a pace they could manage, only agreeing to care for new people if they had the staff to support that person. The manager told us that rotas were organised to allow travel time between people so that the staff were not late, unless there was an unexpected delay. The service supported people living in specific postcodes so that the staff did not have to travel a long distance from one person to another.

The provider was introducing a new system for call monitoring at the time of the inspection. This included issuing all staff with a mobile phone and application which showed they had logged into a visit. This was linked to the provider's system so that they could track where every care worker was and if any potential problems with lateness were likely. The system also allowed for staff to instantly message any problems and concerns, without having to make a phone call, so the managers could deal with these.

There was an appropriate recruitment and selection procedure for staff. This included a formal interview with the manager and completing an application form about their experience and skills. The provider's head office requested and obtained references from previous employers and criminal record checks. The agency also checked people's identification and eligibility to work in the United Kingdom. We looked at a sample of staff files and saw evidence of these checks, with the exception of one member of staff who did not have two completed references. There was evidence that the provider had requested the second reference more than once but had not obtained this before the person started work. We fed this back to the provider who agreed that they would pursue this further and make sure other checks on staff suitability were made if references could not be obtained in the future.

People received their medicines in a safe way. People who received support with their medicines told us they were happy with the way in which the care workers supported them. There was a medicines procedure and all staff were trained to safely administer medicines. The managers assessed their competency at this. The staff completed medicine administration records. These were regularly checked by managers and any gaps or unclear details were followed up and recorded.

Is the service effective?

Our findings

People told us they felt the care workers were well trained and had the skills they needed to care for them.

The provider had training facilities at their head office and new staff undertook classroom based training there. They also undertook refresher training in courses which required regular updates, such as manual handling techniques and first aid. Some local training had been provided for the team at the branch office including a talk about living with dementia. Induction training for the staff included a range of different courses such as health and safety, first aid, manual handling, safeguarding adults and the Mental Capacity Act 2008. Following the classroom based training, new staff were required to shadow experienced staff for a minimum of 16 hours. This included shadowing "double up calls" (a visit where two members of staff were required) and single calls. The member of staff was then assessed by a manager to make sure they were competent. The assessment included observation of them using equipment and administering medicines.

The staff had also received training in dementia, learning disabilities and supporting people with some specific healthcare interventions. The manager told us they wanted all staff to receive a broad range of training which gave them the skills to care for people with a variety of needs. The managers and office staff, including the administrator, were also trained and this training was kept up to date, so that they could provide care in an emergency.

The staff were given an information booklet about the provider and their role. This included some of the policies and procedures. The provider issued all the staff with uniforms, an ID badge and protective equipment (gloves and aprons).

The agency had a Facebook page which they used to inform people using the service or their representatives and staff about the agency. The page included reviews and ratings by staff and people who used the service. The reviews were all positive, with some staff commenting on the "excellent place to work" and people using the service thanking the agency for their support. The page was also used to give positive messages and praise to the staff.

The manager told us they wanted to create opportunities for staff development and promotion within the organisation. They had recently promoted one of the care workers to a senior role. We spoke with this member of staff who told us they were being supported to learn the new skills for their role, which included carrying out on site observation and supervision of other staff. They told us they had started a professional qualification for their role. The manager told us others had undertaken or were undertaking professional qualifications such as Quality and Credit Framework qualifications (which have replaced National Vocational Qualifications: NVQs).

The manager told us they aimed to hold staff meetings for all care workers at least every 10 weeks. There were records of these. These showed that policies and procedures were discussed and the staff had opportunities to raise concerns or questions. The staff told us there was a relaxed atmosphere and they felt able to approach managers with questions outside of these meetings. The managers and office staff met

every week to discuss the people who used the service and staff, any changes in people's needs or changes to the service. These were recorded. The managers carried out observations of staff in the work place and organised individual meetings and appraisals to discuss their work. Some of these meetings had not taken place for a long time or records of these meetings had not been updated in the staff files. The manager told us that some supervision meetings were conducted by the provider's head office telephoning the staff and these had not been recorded. The manager also said they met individually with all staff regularly and the staff visited the offices to discuss any concerns with them. The staff told us they felt well supported and able to approach the manager with anything they wished to discuss.

Most of the people we spoke with told us they made their own decisions about the care they received. Some of the relatives we spoke with told us they were involved in decision making as their relative was not able to make decisions about their own care. They said they were happy with the support they had from the local authority and the care agency in making decisions in the person's best interest. One relative told us they lived a long way away from the person receiving the care. They said that they were well informed about the care and any changes in their relative's wellbeing.

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. The staff and managers had received training about the MCA. They were able to tell us how this affected their work and gave us examples about the people who they supported. For example, they had worked with families to make decisions in people's best interests. The manager told us about a situation where the person had wanted to do something which would have placed them at risk of harm. The person had been assessed as lacking capacity to make a decision about this. The agency had worked with the family, person's GP and social worker to develop a plan in their best interests to help reduce the likelihood of harm. The staff told us they respected people's choices if they had capacity to make decisions, even if a decision was considered inappropriate by others. They were able to illustrate this with direct examples of decisions some people using the service had made and how they had supported this.

People had signed consent to their care plans in some, but not all of the agency's records. The manager told us that some people were not able to sign or that decisions had been made in their best interest. The manager told us they were in the process of obtaining written consent for everyone and evidence of best interest decisions or verbal agreement for those who were unable to sign.

People told us the care workers made sure they were healthy and well. One relative told us that the agency alerted them if there were any changes in the person's health. One person who used the service described a medical emergency which had happened. They told us their care worker had called for medical assistance, had remained calm and reassuring and had stayed with the person until the emergency services arrived.

People's healthcare needs were assessed and recorded as part of their care plan. Where they had a specific need this was recorded and there was information for staff about their condition. The staff told us they communicated with the person's GP, pharmacist or other healthcare professionals if needed. They gave an example of how they had identified changes in people's needs and had requested a visit from an occupational therapist to reassess the person for new equipment. The managers told us they had good relationships with the social workers and care managers overseeing people's care. They told us they contacted them immediately if they were concerned about changes in people's physical or mental health. There was evidence of this in the care plans and computer records we viewed.

People told us they had the help and support they needed with meals. Most people said that the care workers offered them choices and heated up or prepared meals they had selected.

Is the service caring?

Our findings

People told us they liked their care workers. Some of the things they said were, "I am quite happy with (my care worker)", "It all goes very well; the carers are very good", "I'm very happy; the carers are very helpful". One person who had previously been supported by a different agency said, "Time2Care are better than the others in friendliness, talking to us and fitting in with us." People told us they looked forward to visits from the care workers and enjoyed these visits. One relative said, "they put a smile on (my relative's) face." Another relative told us, "(my relative) enjoys a bath, she thinks the hoist is like a fun fair ride."

People told us they enjoyed the company of their care workers. People who lived alone told us this helped make sure they saw people each day.

The staff and managers told us about the importance of involving families in making decisions about care and informing them of changes. One member of staff said, "The families are really important and need us to tell them what is going on." Another member of staff told us, "we need to make sure there is family involvement."

The agency supported people to stay independent where they were able. One of the staff told us, "we have to make sure (the person using the service) has power and control." The manager said, "the carers are all very good at supporting people to stay independent." They gave us an example about how the care workers supported people to use equipment to stand when they were able instead of using a hoist to move them.

The manager told us that they regularly discussed the importance of giving people choice, promoting independence and respecting their wishes in staff meetings.

Everyone told us their privacy and dignity were respected. They told us they were happy with the way in which care workers supported them and they were very kind. They said that care workers were always polite.

The staff told us about the people who they cared for. They said they had good relationships with them and enjoyed visiting them. The agency office had a memory board which included information about people who had used the service but had passed away. The manager told us about different people who they had cared for and told us that they had learnt from each person.

Is the service responsive?

Our findings

Most people we spoke with told us they could not remember being involved in creating their care plans. However they said they were happy with the way in which care was provided and knew that there were care plans about them.

The deputy manager told us that they visited people to carry out an assessment and initial care plan before or on the day the service started. They said that they spoke with the person and their representatives about their specific needs and wishes and made sure these were reflected in the care plan. They told us that they tried to make the process informal to help put the person at ease and this might be why they did not realise they were helping to create a care plan.

The majority of people using the service at the time of the inspection were older people with a range of different needs. However some younger adults also used the service. The staff told us that they supported some of the younger adults to access community services, such as a multi-sports club for people who had learning disabilities. The care workers supported people to meet physical personal care needs and this was the majority of the work the agency undertook. This included supporting people to wash, dress, take their medicines and eat meals. The care plans reflected people's individual needs and wishes. They were detailed and contained specific information about how the person wished to be cared for. Some people also had assistance with shopping and cleaning. The daily care notes written by the staff showed that care plans had been followed and people received the support and care they needed.

The manager told us they had sent out one newsletter to people using the service in the past and they wanted to do this regularly. The newsletter included information about local services and community events as well as information about the agency.

Some people told us they were not always satisfied with the way in which the provider responded to concerns about staff lateness. They said that although the office staff were sympathetic they did not resolve the problem if the staff were running late. However, others told us that when they had raised a concern about a specific care worker, this worker had been replaced and they were satisfied with the outcome.

There was a complaints procedure and this was available in the welcome pack for people using the service and the staff handbook. The provider kept a record of complaints and how these had been investigated and acted upon. We saw that action had been taken to resolve concerns and reduce the risk of these reoccurring.

Is the service well-led?

Our findings

Some people said they would like to have more contact with the agency offices and be asked for their feedback more often. The majority of people told us they had seen improvements in the care they had received from the agency. They said that the care was better than other agencies they had previously used and reflected their needs. Some of the things the people told us about the agency were, 'their attitude is better than other agencies', 'they have good timing of calls', 'I'm quite pleased with it', 'It is definitely a good service', 'The office always answers politely' and 'There is not really anything that could be better.'

The manager had established the Hillingdon branch of Time2Care (BSE) Ltd as part of a family business. The organisation's head office and other branch were based in Suffolk. The manager of the Hillingdon branch had worked in Suffolk alongside the nominated individual and other senior staff to learn about managing the service. Before taking on the role they had worked as a care worker for another provider. They were experienced at caring for people. They told us they had wanted to provide a "better service" than the ones they felt other providers offered. They said they were "passionate about providing good care" and wanted to provide a "personal" and "person centred approach to care." The manager told us that running the branch had provided them with learning opportunities. They said that although they knew they were a dedicated care worker they had not always considered all the aspects of managing a service until this time. However, they said they had learnt as they had grown the business. They told us they had deliberately taken on new business slowly to ensure they could continue to offer a quality service. The manager said that they were undertaking management qualifications and that they were working closely with the London Borough of Hillingdon and local Primary Care Trust to discover and meet their requirements from the agency.

The deputy manager was also part of the family who owned and managed the business. They told us they were also undertaking a management qualification. The two managers worked closely and shared the work. They employed other senior staff, including a care coordinator and a senior carer. The senior carer had recently been promoted and told us they were happy to be given a new role and challenges within the company.

The manager, deputy manager and the staff we spoke with knew the needs of individual people well. They were able to talk about different individuals and how their needs were met. They also had good relationships with the care workers and knew about their individual needs and preferences." The manager told us, "if you treat the staff right they will treat (people who use the service) right." Staff who spoke with us told us the managers were very caring and it was like "one big family." The managers told us they assigned work to match people's individual needs and took account of personal circumstances. The staff told us the provider was flexible and they felt valued and supported.

The manager told us they planned to expand the business. They had provided training and information for staff on how to support people with more complex health needs, such as supporting people to use percutaneous endoscopic gastrostomy (P.E.G) feeding tubes, supporting people with stoma care and supporting people at the end of their lives. They had liaised with other providers and healthcare

organisations to make sure they had up to date information.

The managers undertook quality monitoring visits and telephone calls. These included spot checks on staff where they observed staff supporting people in their homes. They also asked people questions about the service and whether they were happy with the support they received. These quality checks were recorded and where people had highlighted a concern this had been addressed. However, there was no central record of the quality monitoring undertaken, and therefore it was difficult to judge whether there were any themes or shared experiences from different people.

The provider had a range of policies and procedures which were regularly reviewed and updated. The manager told us some of these had been created following incidents at the service which had alerted them to the need for a specific procedure. Information about policies and procedures was included in the staff handbook and the welcome pack for people who used the service. There was also a copy of the provider's aims and objectives.