Time 4 U Ltd

GUTU

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
GUTU, also known as Time 4 U, is a domiciliary care agency. The service was providing personal care to 25 people at the time of the inspection across Medway and Kent. The service provides supported living to people with physical disabilities, learning disabilities, autism and/or mental health needs. People live in their own houses and flats. Some people lived in small shared houses and some people lived alone.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Right Care
Risk assessments did not always have information staff needed to keep people safe.

People's care was person centred and met their assessed needs. Support plans were in place which detailed how staff should support people. Relatives said, "Staff are amazing. The care is fantastic"; "They absolutely respect him" and "They are very caring staff and very much know what they are doing, they have great empathy."

Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe.

Right Culture
The provider had quality monitoring processes in place. These were not always robust and had not always identified concerns and improvements in the service identified during the inspection.

Since the last inspection, people, their relatives and staff had been encouraged and supported to provide feedback about the service. Most people and staff felt listened to.

Right Support
Staff supported people to achieve their aspirations and goals and assisted people to plan how these would be met. Relatives said, "They are very good at making sure she is as independent as possible; she washes herself, takes her plates in. They have improved her self-management, she hoovers and is keeping her space

tidy, she is very proud of her flat. Her needs are being met" and "They are encouraging independence. He takes his own medication, under supervision, he has his own front door key, he cleans the bath, although he is a reluctant participant." The service had systems and processes in place to safely administer and record medicines use. Medicines were administered in line with the prescription.

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 19 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected
We carried out a focused inspection of this service on 29 June 2021. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GUTU on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to risk management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe 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.

GUTU

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 3 inspectors and 2 Experts 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 registered as a domiciliary care agency and a supported living service. The service provides care and support to people living in '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.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 April 2023 and ended on 11 May 2023. We visited the location's office on 25 and 26 April 2023. We carried out phone calls to people, relatives and staff on 26 and 27 April 2023 and

visited 2 people in their homes on 26 April 2023.

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 who commission the service. 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. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service about their experience of the care provided. We spoke with 14 people's relatives. We spoke with 21 members of staff, including; support workers, senior support workers, service managers, the registered manager and the chief operating officer for the service.

We reviewed a range of records. This included 7 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks effectively. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there were still concerns about risk management and the provider was still in breach of regulation 12.

- Risk assessments did not always have information staff needed to keep people safe. This was a continued issue from the last inspection. Risks in relation to people's individual staffing arrangements were not always documented. Risks in relation to supporting a person in the community that likes to run away from staff as fast as they can were not clear. For example, the risk assessment did not specify safe systems of work such as staff taking a telephone and pictures of the person and what staff should do in case they did run off.
- Actions to reduce risks identified had not always been undertaken in a timely manner. For example, a risk assessment completed in November 2022 that a person was at risk of burns because their bed was against a radiator and there was no radiator cover. We observed this radiator to have no cover on when we visited the person's home. We reported this as a concern. After inspection the radiator issue was resolved. The registered manager shared that a new risk assessment process has been implemented to support the landlords to prioritise the work required.
- Risks to people's health had not always been identified. It was not always clear that people had been referred on to health professionals in a timely manner. For example, a person's records showed they had a significant weight loss. This had not been reported to the person's GP and other healthcare specialists until inspectors raised it. Hospital passports were in place for people, these contained basic information, which would not fully alert the hospital about people's care and support needs and any behaviours that others may find challenging. This could people and others at risk.

The provider had failed to manage risks to people's health, safety and welfare effectively. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At the last inspection, the provider had failed to do all which was reasonably practicable to detect and control the spread of infections. This was a breach of Regulation 12 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 12 relating to infection control risks.

● Staff followed safe infection prevention and control (IPC) practices. The provider had an up to date IPC policy. Staff had completed IPC training. There was no longer a requirement for staff to routinely be tested for COVID-19. The provider had a stock of tests which were used routinely to check when staff had potentially been exposed to COVID-19 or had symptoms.
● Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of PPE kept in the office.
● We observed staff wearing PPE when supporting people in their homes. People and relatives confirmed that staff used PPE. A relative said, "They always wear masks when they take her out."

Staffing and recruitment
● Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm.
● Staff were deployed at the right time to meet people's needs. The staffing rota evidenced that people received consistent care and support from staff that knew them well.
● People and their relatives told us they had consistent staff support them. A relative commented, "[Person] has 2 carers with her at all times, including the night. There have never been any problems, they have always got somebody else in place as back up."

Using medicines safely
● Medicines were well managed. We were assured people had received their medicines as prescribed. People who required support with their medicines had medicine administration records (MARs) in place and these included creams and topical medicines. A relative told us, "They monitor his medication. He has regular blood tests and I get informed of what he's on."
● The support people needed to take their medicines had been assessed. People were supported to be as independent as possible with their medicines. A person told us, "Staff help me with medicines and I go with them in my car to get them from the chemist. I have paracetamol in my safe when I have pain and it makes me feel much better when I have it."
● MARs were complete with no unexplained gaps. Where people were taking medicines, which affected their mood, there was a process in place to regulate and monitor usage. Some people had additional medicines to support their mental health which was administered weekly by trained mental health specialists. The specialists also monitored people's general health, their mental health, weight and wellbeing through these appointments.
● Staff had received medicines administration training. The registered manager told us staff had received competency checks following the training and this was then rechecked on an annual basis.

Learning lessons when things go wrong
● Accidents and incidents were analysed for trends by the whole management team. Where people needed support with emotional based behaviour there were support plans in place. These included information on what might lead to the person becoming upset and how to support the person to become calm. Where appropriate referrals had been made to the service positive behaviour support team to review their support.
● There was an embedded system in place for managers to refer people for positive behaviour support (PBS) from the inhouse team. Managers had made referrals where they were needed.

● Input from the in house team and the wider management team were clearly recorded. Ongoing support from the PBS team was documented.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A person told us, "Staff are kind, there is someone with me during the day and they swap and there is a new one at night. They make me feel safe."

● Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

● The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- Support plans were in place which met people's assessed needs. Staff had clear guidance about what they needed to do to support people. At the last inspection, people's support plans were not always person centred. At this inspection we found support plans were person centred. We found some support plans with missing information, this information was found in other areas of the care records. We have reported about this in well led.
- Staff knew people's needs and preferences well. Support plans promoted independence, some relatives said their loved ones were supported to be as independent as possible. Some relatives felt more could be done to promote independence (when people had refused support). Relatives had been involved with support planning. A relative said "We are involved with his care plan, we attend meetings and put our views across."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been assessed and recorded in their care records, to ensure methods of communication were clear. Some people needed information explained to them verbally or through using pictures and signs and staff provided this support.
- Relatives told us their loved one's communication needs were met. A relative told us, "They have gone above and beyond to accommodate her and her needs. One carer is learning BSL (British Sign Language), which my [loved one] uses, they couldn't do anymore."

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

- People were supported to keep in touch with and visit relatives and friends who were important to them.
- People were supported to participate in activities of their choice in the community. A staff member commented, "I spend time with people. Games, puzzles, gym, music sessions, shopping, cinema. They like a lot of different things."
- Relatives gave positive feedback about activities. A relative said, "She is involved in lots of things, music therapy, disability gymnastics, youth club, they accompany her to all of these. Her life is led by her."

● People were supported to engage in everyday activities in their home or within the community and maintain their independence. A person told us, "I write a shopping list and check the fridge and cupboards. I cook my dinner and have to make sure I don't burn it and set the smoke alarm off. I go to the cashpoint to get money and top up my gas and electricity. I clean my own room, staff prompt me to do things in the flat I don't like doing the cleaning."

Improving care quality in response to complaints or concerns

● There were systems in place to monitor and respond to complaints. Where complaints had been raised these had not always been responded to within the timescales set out in the provider's complaints policy. A relative had made a formal complaint and this had not been formally resolved. The provider was actively working with them to resolve the issues of concern raised.

● People and their relatives told us they knew how to complain. A person told us, "Staff are kind, we have no complaints at all. If we did, we would speak to [service manager] he is lovely. I am happy."

● People could also raise concerns with their keyworkers. All complaints and concerns were monitored by the management team so that they could review and identify any trends and reduce the risk of re-occurrence. A relative said, "There were a few things in the early days, we pointed them out and they jumped on it."

End of life care and support

● The service was not providing end of life care at the time of the inspection.

● Some discussions had taken place with people to look at end of life wishes and their choices to discuss it or not had been respected.

Requires Improvement

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to ensure they maintained complete and contemporaneous records. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there were still concerns about risk management and the provider was still in breach of regulation 17.

● Audits and checks were taking place by the management team, which highlighted areas of improvement. Actions had been taken to address these. However, the systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. At the last inspection this was also a concern. The provider's auditing processes had not detected the issues found during inspection in relation to risk management and records.
● Records were an area of concern. Staff wrote records electronically and uploaded the daily records for people they support on to a shared drive. The provider did not have a good system to ensure that these were accurate. We found records were not dated and they had been overwritten. For example, the same information appeared several days running for one person. This meant the records were not a complete and accurate record of care provided.
● Support plans did not always include the information about people's support around continence. This meant that new staff or staff that did not know the person well may not have all the information they needed to provide support. The information about the continence support was not easy to find.
● Records of assessments had not recorded whether people had their own teeth, no teeth or whether they had dentures. Records of mental capacity assessments were not always clear.

The provider failed to assess, monitor and improve the quality and safety of the service. The provider had failed to ensure they maintained complete and accurate records. This was a continued breach of the regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed in the office, as well as being displayed on their website.

● Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

● The provider was in the process of moving over to electronic care records in the near future. The management team also told us that they were looking to introduce a peer review audit process so that a service manager who doesn't know a person will audit and check the care file and support plan, to ensure it reflects the person's needs.

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 management team had not fully understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. There had been some duty of candour incidents at the service and the provider had not formally written and apologised when these had occurred. The chief operating officer added duty of candour apologies to the action plan for the service as an area for improvement.

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

● There was a positive staff culture at the service. People and relatives were complimentary about the culture and transparency of the service. A relative said, "Communication is open and honest. There is no lack of professionalism from them and they are always responsive."

● Staff told us there was a positive culture. A staff member said, "We are working as a team and doing well. Staff are happy."

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

● The provider engaged with staff, people and their relatives, and involved them. Staff told us regular staff meetings took place. Staff gained support and information via group chat, messages through their internal electronic system and emails. Staff told us they had access to a member of the management team outside of office hours through the on-call service.

● We received mixed feedback from relatives about communication. Comments included, "We have a good positive working relationship with Time4u which we have fostered. They have never been intransient or pushed us back and we try to understand their point of view" and "There is a lack of communication between management and staff. Communication has never improved, they never do what they say they will."

● The provider was in the process of sending out surveys to people, relatives, professionals and staff to gain feedback about the service. Compliments had been received from people, relatives and professionals thanking staff and the service for support.

● Staff gave us good feedback about communication. A staff member told us, "Very effective communication."

Working in partnership with others

● The provider and registered manager had worked closely with health care professionals such as community nurses, mental health teams and people's GPs, as well as people's social workers. The

management team had worked consistently in partnership with people and their relatives to ensure people had the best outcomes.

● The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to improve the experience of people using the service. The registered manager had attended forums and events hosted by the local authority and Skills for Care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks to people's health, safety and welfare effectively. Regulation 12 (1)(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service. The provider had failed to ensure they maintained complete and accurate records. Regulation 17 (1)(2)