

# Time to Care Specialist Support Services Limited Ashington1

## Inspection report

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### Ratings

Overall rating for this service	Not sufficient evidence to rate	
Is the service safe?	Not sufficient evidence to rate	
Is the service effective?	Not sufficient evidence to rate	
Is the service caring?	Not sufficient evidence to rate	
Is the service responsive?	Not sufficient evidence to rate	
Is the service well-led?	Not sufficient evidence to rate	

### Overall summary

This inspection took place on 14 May 2015 and was announced. We announced the inspection because the person who used the service was sometimes out in the local community. We needed to be sure that the person and the registered manager would be there at the time of the inspection.

There had been a change in legal entity of the provider. The previous provider, "Stephen & Claire Clark" was a partnership. They had been operating the organisation for 15 years. In January 2014 two new directors joined the partnership and they applied to register as a new provider

since they were now a limited company. They had been trying to register the new provider since January 2014. We had rejected their applications however, because they had either been incorrectly completed or because certain checks had expired due to the delays involved. We recently approved the new provider application in March 2015 for "Time to Care Specialist Support Services." This is our first inspection of the service under the new legal entity.

The provider, Time to Care Specialist Support Services had two services, a care home; "Ashington1" and a

# Summary of findings

supported living service, “The Bungalow.” We inspected the Bungalow at the same time as Ashington1. The same staff were used across both services and the same management structure was in place. Our findings for the Bungalow are discussed in a separate report.

Ashington1 provides care and accommodation for one adult who requires support to maintain their mental health. We have not included many details of the support provided to ensure we do not identify the person using the service.

Due to the size of the service and the recent change in legal entity, we have decided not to rate the service. We did not identify any breaches during the inspection. However, there were certain areas where improvements were required such as governance of the service.

There were systems in place to help reduce the risk of abuse. Safeguarding procedures were in place. In addition, risk assessments were documented which covered a range of areas such as accessing the local community and behaviour management.

Staff confirmed that relevant recruitment checks had been carried out before they started work. We found however that evidence of certain pre-employment checks, which had been carried out by the previous provider for two staff, was not available. The registered manager was in the process of renewing DBS checks for all staff that had been employed prior to 2014.

A medicines policy was in place. Staff told us that the person managed his own medicines. He informed us that he did not want any involvement with staff with regards to medicines management and said that he no longer needed to take any medicines. We checked his care plan and noted that this did not fully document that the person was managing their medicines. The care plan stated that staff should prompt the person to remind them to take their medicines.

The registered manager told us, and records confirmed that staffing levels were gradually being reduced. She said that the goal was to enable the person to live independently. The same staff were used for both the provider’s services. The person living at Ashington was only supported by male staff. The service used two health and social care consultants who advised on the specific care and support issues.

The person informed us that he did not have any concerns about the staff who supported him. He told us however, that he did not want or require any staff support. We spoke with the person’s relative who told us that staff were “kind” and “supportive.”

We did not have any concerns with how the staff member interacted with the individual. The staff member promoted the individual’s privacy and dignity. He spoke with the person in a respectful manner.

We saw that information relating to the person was stored on the computer. A plan was in place to document how support was being reduced, to enable the individual to develop their daily living skills and progress to managing all aspects of their life independently. We noticed however, that some of the information relating to his current support needs was difficult to locate. One of the external consultants had written the individual’s care plans in July 2014 and we noted that some of his needs had changed.

There was a complaints procedure in place. The registered manager informed us that no complaints had been received. She explained that the person regularly requested a complaints form, but chose not to complete them.

We spoke with the registered manager to ascertain whether surveys were carried to obtain the views of the person who lived there, their relatives and health and social care professionals. She told us that the individual refused to complete the survey. She said that they had not as yet devised a questionnaire to obtain the views of relatives and health and social care professionals. She told us that she would look into this issue.

The registered manager acknowledged that because of the small size of the organisation there was a need for improvement in the development of governance systems particularly if the suggested organisational expansion were to materialise. There were some operational systems in place to monitor the quality of care including individual monthly reviews of the person’s care. The registered manager informed us that the governance systems were evolving to ensure that effective processes were in place.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

There were safeguarding policies and procedures in place. Staff demonstrated a clear understanding of the action they would take if they had any concerns about the care and treatment of the person.

Staff confirmed that relevant recruitment checks had been carried out before they started work. We found however, that evidence of certain pre-employment checks which had been carried out by the previous provider for two staff was not available. The registered manager was in the process of renewing DBS checks for all staff that had been employed prior to 2014.

A medicines policy was in place. Staff told us that the person managed his own medicines. He informed us that he did not want any involvement with staff with regards to medicines management and said that he no longer needed to take any medicines. We checked his care plan and noted that this did not fully document the current situation with regards to medicines management.

Not sufficient evidence to rate



### Is the service effective?

Staff informed us that training was available. Supervision and appraisals had not been carried out as regularly as planned. A schedule was now in place for supervision and appraisals and staff confirmed that these sessions had commenced.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The person told us that they did not want to live in the care home in Ashington or have support from staff. The person previously had a DoLS in place which had been lifted in February 2015. It was unclear therefore what legal framework was in place with regards to this person's care.

The person accessed their GP appointments independently and staff sought advice from the social worker and community psychiatric nurse, when required.

Not sufficient evidence to rate



### Is the service caring?

The person did not raise any concerns about the staff themselves. He told us however, that they did not want or require any care and support from staff. We visited the person at their home and saw that the staff member on duty interacted well with the individual.

We observed the staff member promoted the person's privacy and dignity and spoke with the individual in a respectful manner.

Not sufficient evidence to rate



# Summary of findings

The manager told us that she did not think the person currently had an advocate. Since the person had expressed the view that they did not wish to live in Ashington, receive support or have staff present at any time of the day, it was not clear what independent support and advice was available.

## Is the service responsive?

The registered manager told us, and records confirmed that a plan had been put in place to gradually reduce the support provided to the person. The goal was to enable him to live independently.

We saw that information relating to the person was stored on the computer. A plan was in place to document how support was being reduced, to enable the individual to develop their daily living skills and progress to managing all aspects of their life independently. We noticed however, that some of the information relating to the person's current support needs was difficult to locate. One of the external consultants had written the individual's care plans in July 2014 and we noted that some of the person's needs had changed.

There was a complaints procedure in place. The registered manager informed us that no complaints had been received. She explained that the person regularly requested a complaints form, but chose not to complete them.

**Not sufficient evidence to rate**



## Is the service well-led?

Staff informed us that they enjoyed working at the service. The nominated individual and manager were very open and transparent during the inspection.

We found that effective quality assurance systems were not fully in place. We noted that a clear strategic approach to training had not been developed. The manager informed us that governance systems were evolving.

The registered manager told us that she considered that her leadership style promoted open two-way communication. There was evidence of staff meetings. In addition, the person was regularly consulted about the service.

**Not sufficient evidence to rate**



# Ashington1

## 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 adult social care inspector and a specialist advisor in governance.

We visited the care home and spoke with the person who was using the service. We talked with the nominated

individual; registered manager; three care workers and the administrator. We also consulted a member of the local authority's commissioning team and a safeguarding officer; a social worker and community psychiatric nurse.

We spent time looking around the premises and reviewed a range of information which was stored on a computer system at the service. This included the person's care records and accidents and incident records. We also visited the service's head office and examined information relating to the management of the service including five recruitment and training records for staff and a range of audits, safety documents and management records.

# Is the service safe?

## Our findings

We spoke with two health and social care professionals. They did not raise any concerns about the safety of the service. One said, "They provide a safe service."

There were safeguarding policies and procedures in place. The provider said there were no ongoing safeguarding concerns and this was confirmed by the local authority safeguarding officer. Staff demonstrated a clear understanding of the action they would take if they had any concerns about the care and treatment of the person. This included an understanding of the provider's whistle blowing policy. There was a system in place to manage the person's finances. The local authority oversaw the management of the person's finances.

We noted that accidents and incidents were documented and reported. Action was taken following any concerns raised. We spoke with the person's community psychiatric nurse who said that staff informed her of any incidents.

Risk assessments were in place which covered a range of areas such as; accessing the local community, behaviour management and the use of joinery tools. Information was available for staff to ensure they were aware of the actions to take to reduce the identified risks.

We examined staff recruitment. No new staff had been employed since the change in legal entity. All staff had been recruited by the previous provider. We noted that two of the staff recruitment files did not include details of the Disclosure and Barring Service (DBS) checks which had been carried out. In another two staff files we noticed that only one reference had been obtained. In a fifth recruitment file we noticed that there was no evidence of

any pre employment checks, although the staff member did not have direct day to day contact with people. We spoke with the registered manager about this issue. She told us that they were renewing DBS checks for staff employed before 2014.

We checked staffing levels at the service. There were eight staff employed to cover both services. The registered manager told us, and records confirmed that staffing levels were gradually being reduced. She said that the goal was to enable the person to live independently. One member of staff was present between 7am until 11am and 5pm until 11pm. There was no overnight staff support. The person had emergency contact details for staff should assistance and support be required.

We looked around the home and saw it was clean and well maintained. Fire safety checks and electrical tests were carried out. However, no legionella checks had been undertaken. The nominated individual informed us that he would check their responsibilities with regards to assessing the risk of legionella with the environmental health officer. This was because it was a small domiciliary setting and the risk of legionella was low, although this had not been formally assessed.

We looked at medicines management. A medicines policy was in place. Staff told us that the person managed his own medicines. He informed us that he did not want any involvement with staff with regards to medicines management and said that he no longer needed to take any medicines. We checked his care plan and noted that this did not fully document the current situation with regards to medicines management. We passed this information to his community psychiatric nurse who told us that she would look into this issue.

# Is the service effective?

## Our findings

Staff informed us that there was training available. This included training in safe working practices and specific training in areas such as autism, acquired brain injuries and epilepsy awareness. We noted in one of the staff files we examined that there had been a delay in his induction training. We spoke with the registered manager about this issue. She said, and the staff member confirmed that induction training had been carried out; however, it had not been formally documented until several months later. The manager informed us that in the past, induction training had been more informal and on occasions had been carried out “after the event.” She said she was going to introduce the new Care Certificate and all staff were going to complete this regardless of how long they had worked for the provider. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

There was limited evidence of supervision operating across all staff. A schedule for 2015 was available. Discussion with a member of staff had raised concerns regarding this area. They said in the past they would have regular one to one supervision but in the past 18 months they had only had two. They said they valued supervision and believed this was important in supporting their work. We found that future supervision sessions had been planned and were beginning to take place more regularly.

The registered manager was open in acknowledging appraisals had not taken place for staff in the past. There was however evidence that a new system had been introduced and activated. Staff had received documentation to complete in advance of their individual appraisal discussion that indicated this deficit was being addressed positively. One member of staff said this was the first time in five years they had started the appraisal process, however felt uncomfortable that their appraisal

discussion had taken place in a supermarket café area. We spoke with the manager about this comment. She told us that she tried to arrange appraisals and supervisions in the nearby locality to ensure that staff did not have far to travel.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

We spoke with the person who told us he was able to go out independently whenever he chose. He told us however, that he did not want to live in the care home in Ashington, or receive any support from staff. It was not clear therefore what legal safeguards were in place regarding his placement at the care home.

We spoke with the manager about this issue. She told us, “We have queried the legality of his placement, but it has been agreed by the local authority. Time to Care are working hard to ensure his safety through the transitional period.” She told us that she would look into this issue again since a Deprivation of Liberty Safeguards (DoLS) had been in place until February 2015, when it was reviewed by the local authority and found to be no longer appropriate. We contacted the person’s social worker following our inspection. He told us that he considered that the person had capacity to decide where he wanted to live and the local authority were actively supporting the person to find accommodation in the Newcastle area.

The person was independent with their dietary needs. Staff explained that he would sometimes eat when he was out in the local community, or when staff were not around. The manager said that during the evening the person would heat up a ready meal and have cake and cream for dessert.

We spoke with the social worker and community psychiatric nurse who told us that staff contacted them if there were any concerns. The person was able to access GP appointments independently.

## Is the service caring?

### Our findings

The person informed us that he did not have any concerns about the staff who supported him. He told us however, that he did not want or require any staff support. We spoke with the person's relative who told us that staff were "kind" and "supportive."

We did not have any concerns with how the staff member interacted with the individual. The staff member promoted the individual's privacy and dignity. He spoke with him in a respectful manner. Only male staff provided support.

Information relating to the person's support was stored on the computer. This included care plans and risk assessments. We saw that information about his background and likes and dislikes was included in this information.

The manager told us that she did not think the person currently had an advocate. She explained that the person previously had an Independent Mental Capacity Advocate (IMCA) when a DoLS authorisation was in place. She told us that this service stopped however, when the DoLS was lifted. Since the person had expressed that they did not wish to live in Ashington, receive support or have staff present at any time of the day, it was not clear what independent support and advice was available to help the person ensure their wishes were noted. Advocates can represent the views and wishes for people who are not able to express their wishes. We spoke with the person's social worker following our inspection. He told us that he was actively looking to access advocacy services for the individual.

# Is the service responsive?

## Our findings

The registered manager told us and records confirmed that a plan had been put in place to gradually reduce the support provided to the person. The goal was to enable the individual to live independently.

The person informed us that he accessed the local community independently. When we arrived, he was eager to show us the wooden signs he had been making for a local business. Staff said, and the person confirmed that he also carried out all housekeeping duties, such as hoovering and ironing.

We saw that information relating to the person was stored on the computer. This addressed the areas of his life with which he required support and encouragement. A plan was in place to document how support was being reduced to enable him to develop his daily living skills and progress to managing all aspects of his life independently. We noticed however, that some of the information relating to his current support needs was difficult to locate. One of the

external consultants had written his care plans in July 2014 and we noted that some of his needs had changed since then. Updated information for some of his support needs was located in separate folders and documents stored in the computer. We spoke with the manager about this issue. She told us that a staff meeting was planned and care planning was being discussed.

There was a complaints procedure in place. The registered manager informed us that no complaints had been received. She explained that the person regularly requested a complaints form, but chose not to complete them.

We spoke with the registered manager to ascertain whether surveys were carried to obtain the views of the person who lived there, their relatives and health and social care professionals. She told us that the individual refused to complete the survey. She also explained that they had not as yet devised a questionnaire to obtain the views of relatives and health and social care professionals. She told us that she would look into this issue.

# Is the service well-led?

## Our findings

There was a registered manager in place who oversaw both this service and a sister service located elsewhere. She articulated a vision for the organisation to develop over the next two years. Business projections were based on supporting 31 clients across both of their services by December 2017. At present, the provider supported two people in their two services. One person who lived in the care home and a second who they supported in their own home in the Newcastle area. The registered manager stated the philosophy of the service was, “To give people a better life and to build a service around the individual with that individual at the centre.”

The registered manager described the culture of the organisation as being open, honest and transparent. She said it was important to share both positive and negative news with the staff team. When asked to assess morale on a scale of 0-10, (0 being poor and 10 being excellent) she said seven or eight. One member of staff whom we spoke with said that he considered that levels of morale were at seven. He also said “Whilst there is always something you can improve it is a happy place.” Other comments included, “I’m perfectly happy,” “With a small work force, you’re always going to get some niggles” Both the nominated individual and provider were very open and honest during the inspection and explained to us their main challenges with regards to the service.

In relation to areas identified for improvement, both the registered manager and nominated individual acknowledged the challenges of working across a wide geographical area where staff were lone working. They stated they believed that as the team grew with the service, this growth would offer greater opportunity to develop other roles which would promote stronger workforce cohesion. They articulated a desire for people to be involved in selecting their care team although felt this was an aspiration at present. The registered manager believed the biggest risk facing the organisation was “getting the message across and continued sustainability.”

The registered manager acknowledged that because of the small size of the organisation there was a need for improvement in the development of governance systems, particularly if the plans for organisational expansion materialised. There were some systems operational to monitor the quality of care including individual monthly

reviews of the person’s care. These were carried out by the nominated individual. The nominated individual used a quality grid with a number of criteria to check; such as the person’s care plans being updated. We found however, that other areas, such as infection control were not monitored. The manager told us that she would look into this area.

The registered manager explained a challenge for her over the previous year had been to address issues relating to working patterns that had been deemed to be unacceptable. This related to the excessive length of shifts. The registered manager demonstrated a commitment to ensure the working patterns were changed to the benefit of people and the staff.

The registered manager told us that she considered that her leadership style promoted open two-way communication. There was evidence of staff meetings. We noted that the last meeting was held in April 2015. The aim was to hold meetings monthly although information indicated this was not always possible with 10 held in 2014. Regular staff bulletins were distributed and there was an electronic “post box” for staff to be able to communicate issues from the satellite sites. The registered manager was asked about how she was visible in terms of her leadership. She replied she would call at the homes at either weekly or two weekly intervals indicating, “I feel I need to have a reason for going.” We spoke with the manager about this comment since registered managers should be in day-to-day charge of carrying on the regulated activity. She explained that she felt it was important to ensure that the person was aware of her visits and would always contact the service to state she was coming. She said, “I would never just land” and “I visit at least once a week.” One member of staff said the registered manager’s approach was “professional but this could be too formal and I wish she would mention discipline less.” The registered manager told us that she received supervision from external consultants who were employed on an ad hoc basis.

There did not appear a clear strategic approach to training. Training was clearly evident covering a range of topic areas however, there was no definition of what was seen as mandatory other than all available training was mandatory for everyone. There was no indication of frequency, with no ability therefore to identify individually who’ training was up to date (or had expired) and where there were deficits,

## Is the service well-led?

such as moving and handling. We spoke with the registered manager about this issue. She said, “We totally took that on board and have documented when training needs to be completed.”