Time 2 Care

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Inspection report

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Date of inspection visit: 26 and 30 November 2015
Date of publication: 15/01/2016

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 26 and 30 November 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Our last inspection in August 2013 found the service to be meeting all the requirements of the Health and Social Care Act (2008).

Time 2 Care provides personal care to people living in their own homes in the Bideford area. At the time of our inspection there were 36 people receiving a service.

When we visited there was not 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 2008 and associated Regulations about how the service is run. The previous registered manager left in September 2015. The new manager was in the process of registering with the Care Quality Commission.

Summary of findings

Staff were not suitably trained to administer medicines in line with legislation, guidance and as per the organisation's medicines policy.

People did not always give consent for care and treatment and the provider did not act in accordance with the Mental Capacity Act 2005.

Staff did not receive on-going formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. However, staff felt supported by the management team and spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received training to deliver care effectively and competently.

Care files lacked personalised information for staff to refer to. For example, people's likes, dislikes and preferences. This information would assist staff to know what kinds of things people liked and disliked in order to provide appropriate care and support. However, staff spent time informally getting to know people, but this had just not been written down. We spoke with the manager about the care files and they agreed they needed to be reviewed to ensure they captured people's personal histories.

The service demonstrated some good management and leadership. Checks were completed on a regular basis to assess the quality and safety of the service people received. The manager informed us that when they came into post they had found care was really good, but there were limited systems in place to evidence the quality and safety. They were now in the process of developing more robust systems to evidence the quality and safety of the service. They explained these systems were at an early stage and would take time to embed.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom.

People's views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

One aspect of the service was not safe.

Staff were not suitably trained to administer medicines in line with legislation, guidance and as per the organisation's medicines policy.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

People did not always give consent for care and treatment and the provider did not act in accordance with the Mental Capacity Act 2005.

Staff did not receive on-going formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. However, staff felt supported by the management team.

Staff received a range of training which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive.

Care files lacked personalised information for staff to refer to. However staff knew people well and people confirmed this.

The service was responsive to changes in people's needs.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Summary of findings

Is the service well-led?

One aspect of the service was not well-led.

The new manager found when they came into post care was really good, but there were limited systems in place to evidence the quality and safety. They were now in the process of developing more robust systems to evidence the quality and safety of the service. They explained these systems were at an early stage and would take time to embed.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Requires improvement

Time 2 Care

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 was planned to check 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 26 and 30 November 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Our last inspection in August 2013 found the service to be meeting all the requirements of the Health and Social Care Act (2008).

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Six people had also completed questionnaires sent out by the Care Quality Commission asking questions and feedback about the quality of the service.

We spoke with four people receiving a service, including visiting three people in their own homes and six members of staff, which included the manager. We reviewed four people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback.

Requires improvement

Is the service safe?

Our findings

People were not supported to take their medicines safely. People received varying levels of staff support when taking their medicines. 12 people required staff to administer their medicines. This involved taking them from the pre-filled blister pack, bottles or boxes prepared by a local pharmacy. The organisation did not have a medicines policy in place for staff to refer to. This policy was printed during our inspection and it clearly stated that training and competency assessments should be undertaken before staff administered medicines. Five out of 21 staff had completed medicine administration training. A further three staff had completed the training by time we spoke to them on the telephone on 1 December 2015. The remaining staff were in the process of completing medicines training prior to supporting people with administration. Staff did feel confident supporting people with their medicines. The lack of training prior to staff administering medicines posed a risk that medicines administration may not have been carried out in line with relevant guidance and legislation.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe and supported by staff in their homes. Comments included: "If I was worried about anything I would speak to my carers"; "I feel safe with my carers" and "The staff carry out their work safely." Questionnaires reported 100% of people felt safe from abuse and harm from care staff.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally to the local authority, police and the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding vulnerable adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, personal care and avoiding self-neglect had been completed. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person's independence and ability to take informed risks.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: "The staff turn up on time and stay the correct amount of time" and "Time 2 Care's concept is continuity. In three years I have only had two no shows. That's very good." Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. The manager explained staffing always matched the support paid for by people or commissioned by the local authority and staff skills were integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with them and health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done before staff started work, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Requires improvement

Is the service effective?

Our findings

Consent to care and treatment was not always carried out in line with legislation and guidance. People had Lasting Power of Attorneys for property and financial affairs. A Lasting Power of Attorney (LPA) is a way of giving someone a person trusts the legal authority to make decisions on their behalf, if they are unable to at some time in the future. However, on one occasion an attorney was consenting to care and treatment on a person's behalf without the legal authority to do so. For example, consenting to care and treatment plans and declining a GP appointment for a mental capacity assessment to assess a deterioration in a person's short term memory. For someone to make decision about care and treatment they need to also be a LPA for health and welfare. Then they can make decisions about, for instance, where a person should live and medical care. This meant that consent was not being sought in line with the Mental Capacity Act (MCA) (2005).

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not received training on the Mental Capacity Act (2005) (MCA) which would enable them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. However, staff had received information about the MCA and demonstrated an understanding of the legislation and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask my consent before they do my personal care

Staff had not received on-going formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Appraisals enable staff to agree a personal development plan to progress within their career. However, staff felt supported by the management team. Staff comments included: "I feel really supported by the management team"; "There is always someone on the end of the telephone and I go to the office at least twice a week" and "The management team are absolutely wonderful, so supportive and understanding." The manager explained that supervision and appraisals were now being planned for the near future.

People thought the staff were well trained and competent in their jobs. People commented: "The staff are extremely competent and well trained" and "I am definitely satisfied with the care I receive."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see health and social care professionals when they needed to meet their healthcare needs. One person commented: "The staff would contact a GP if I was poorly." We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on

Requires improvement

Is the service effective?

subjects including, safeguarding vulnerable adults, first aid and moving and handling. Staff were also encouraged to undertaken training specific to people's individual needs. For example, end of life care.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "The staff help by preparing me meals" and "The carers always ensure I have a drink before they leave." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and, in consultation with them, contacted health professionals involved in their care.

Good

Is the service caring?

Our findings

People said staff were caring. Comments included: “The care is wonderful. The staff are so kind. They help me and look after me very well”; “The carers are very good” and “The standard of care is of a high quality.”

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included: “They (the carers) always ensure my dignity is preserved” and “My privacy is always respected.” Questionnaires reported 100% of people felt they were treated with respect and dignity. Staff said how they maintained people’s privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: “The carers help me in the mornings. I have cut down the support I get. When I first came out of hospital I had support three times a day. Now I am better I only have morning visits” and “The level of care has enabled me to reduce my care package. It has changed my life.”

Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Staff relationships with people were strong, caring and supportive. People commented: “The care is fantastic, absolutely marvellous” and “The staff know the little things which matter to me.” Staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. Staff described how they were observant to people’s changing moods and responded appropriately. For example, when a person was feeling sad. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed. For example, when organising the support they received from Time 2 Care.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. One comment included: "I have a care plan and feel involved in my care." Questionnaires reported 100% of people felt involved in decision-making about the care and support they needed.

Care files lacked personalised information for staff to refer to. For example, people's likes, dislikes and preferences. This information would assist staff to know what kinds of things people liked and disliked in order to provide appropriate care and support. However, staff spent time informally getting to know people, but this had just not been written down. One person commented: "The carers know my likes, dislikes and preferences, including where to put my shoes." Care files included personal details, such as next of kin and identified the relevant health and social care professionals involved in people's care. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them. We spoke with the manager about the care files and they agreed they needed to be reviewed to ensure they captured people's personal histories.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. In addition, bullet pointed documents had been developed to provide staff with a step-by-step guide when supporting people. Staff told us that they found the care plans and bullet points helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team during visits. People were made aware of the complaints system when they started using the service. People commented: "I have no complaints, but will contact the office if I did"; "The management team ask me for feedback on new staff" and "Whenever an idea has been out to the company they have been keen to listen and adopt ideas that have been helpful." People said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the management team recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Requires improvement

Is the service well-led?

Our findings

The service demonstrated some good management and leadership. The current manager joined the organisation as a quality assurance lead, working alongside the registered manager. In September 2015, the registered manager left the service. The quality assurance lead took over the management of the service and applied to become the registered manager with the Care Quality Commission. Their application is in progress.

The new manager informed us that when they came into post they had found care was really good, but there were limited systems in place to evidence the quality and safety. They were now in the process of developing more robust systems to evidence the quality and safety of the service. Weekly management meetings had been implemented to look at the areas of the service which required improvement. As a result action plans were formulated to monitor progress. They explained these systems were at an early stage and would take time to embed. One action was to meet with staff.

Staff confirmed they had attended a recent staff meeting and felt their views were taken into account. The meeting minutes reflected that staff had an opportunity to air any concerns as well as keep up to date with working practices and issues affecting the service. The service also provided staff with regular memos to keep them up to date on organisational changes, the training available, policies and procedures and professionalism. A further staff meeting was scheduled for December 2015.

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "You can always speak to the management team if concerned about anything" and "We work as a team, which is encouraged by the management team."

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to training. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. People and staff described care which reflected this philosophy.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together alongside staff at Time 2 Care. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, risk assessments were amended. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by members of the management team. For example, the checks reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. However, the checks had not picked up the lack of personalised detail for people and the correct application of the Mental Capacity Act (2005). These were now being addressed by the manager. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 Staff were not suitably trained to administer medicines in line with legislation, guidance and as per the organisation's medicines policy. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People did not always give consent for care and treatment and the provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (2) (3)