

Time 2 Care (South West) Ltd

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Inspection report

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19 June 2017

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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

This inspection was completed on 16 and 19 June 2017 and short notice was given as it is a small agency and we needed to ensure staff would be available in the office to talk with. This was the first comprehensive inspection of this service, as it changed legal entity 12 months ago to a limited company.

Time 2 Care (South West) Ltd is a care agency which provides care and support to people in their own homes. They mostly support people with conditions associated with older age and dementia. They cover the Bideford and Westward Ho! areas of North Devon. At the time of our inspection 33 people were receiving a personal care service from the agency.

The agency had a registered manager. 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.

People and their relatives were positive and complimentary about the care and support they received from Time 2 Care (South West) Ltd. Comments included "They are first rate. Very good, they know what they are doing. I have no worries on that score. One relative said "I have to be able to trust the staff who support my (relative). I would not use them if I did not think they had the right skills and attitude."

Care and support was well planned and done in collaboration with people and their family members. Care was delivered in a person centred way because plans gave details about how to do this and staff had the right skills, training and support. Consent was always gained and staff worked within the principles of the Mental Capacity Act 2005.

The service ensured that where people needed support to eat well to stay healthy, they gave a good account of they were doing this, including records of what food and drink people were offered and had eaten.

People's views were taken into account in the reviewing of plans and any suggestions about how to improve the service was listened to. People, relatives and staff all had an opportunity to feed into the quality auditing of the service, via surveys, meetings and review processes. People said staff arrived on time, did what they were tasked to do and were kind, caring and respectful towards them.

Staff were knowledgeable about people's needs and their preferences. Staff were committed to providing a good quality service and often went the extra mile to help people. This included doing additional shopping in their own time.

Staff were compassionate and caring towards the people they helped. The agency promoted this caring approach with their ethos of ensuring people had the right support and information. This included things like support to make claims for help with care and, how to stay warm in cold weather conditions.

People were kept safe because risks were assessed, monitored and reviewed on a regular basis. Staff understood how to report any suspicions of abuse or areas of concern. Staff recruitment practise were safe, ensuring new staff had the right checks in place before they began working with vulnerable people.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received. For example one person had been assisted to become more mobile.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

The service had good systems in place to safely support people with the management of their medicines. People's health and emotional wellbeing was closely monitored and where needed proactive actions taken to address any changes in need. The service was flexible to assist people to attend healthcare appointments.

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.

People were protected from harm. People had confidence in the service they received and felt safe and secure in the hands of their care workers.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted independence.

Care workers had the knowledge, skills and time to care for people safely and consistently.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good 

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good 

The service was caring.

The registered manager, deputy and staff were committed to a strong person centred culture.

Kindness, respect, compassion and dignity were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving up improvement.

Is the service well-led?

Good ●

The service was well-led.

The service was well-run by the registered manager and deputy manager who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training

Time 2 Care (South West) 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 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.'

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was completed by one inspector who visited the registered office on 16 and 19 June 2017.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we sent out surveys to ten people who use the service, ten friends and relatives, 23 staff and 11 community professionals. We received 7 responses back from people, one from a relative, one from and community professional and five from staff.

During our inspection we went to the agency's office and met with the registered manager, the deputy manager, and four care workers. We reviewed a variety of documents which included four people's care plans, three staff files and other records relating to the management of the service.

On the second inspection day, we visited five people in their own homes to gain their views about the care and support provided by Time 2 Care Ltd.

We sought feedback from the four and social healthcare professionals. We received feedback from one.

Is the service safe?

Our findings

People said they felt safe with the agency supporting them in their own homes. One said "My spouse and I are very well looked after by Time 2 Care. The staff are very responsive to any questions or problems we raise." Another said "Yes they come on time, they are very good and help me keep safe and well. I could not do without them. I had another agency, but asked to swap because this one is so good."

People were enabled to remain as independent as possible. Any risks were clearly identified at the initial assessment and then reviewed as needs changed. For example, one person was unable to initially get out of bed following a serious fall. They had equipment including a hospital bed and moving and handling equipment to ensure their safety. Once they had recovered, their risk assessment was updated and they were able, with support to sit in their arm chair and be supported to walk very short distances. The person said they felt safe and well cared for and appreciated the increased level of independence.

Where people were at risk of fall, their risk assessment clearly identified what equipment was needed to keep them safe and directed staff to ensure that things like community alarms were within reach and walking aids were by the person's side. One person was supported to take their insulin each day. The risk assessment clearly identified the tasks the care staff needed to undertake in testing the blood sugar levels prior to the insulin being administered. Their competencies to complete this task had been assessed by the diabetic nurse.

Staff said they understood the importance of the risk assessments and used them to ensure they delivered safe care. Staff understood the importance of monitoring risks for people and knew that if people's needs changed they should report this to the registered manager and deputy and their care package would be looked at and adjusted if needed. The office staff kept in touch with care staff via text and memos and used this type of communication to alert them to any changes in care or risk and what they needed to do to maintain people's safety.

The service had a cold weather policy and ensured checks were made to keep people safe in the colder weather. Staff were requested to check people were warm enough and had extra blankets and hot drinks available until the next care visit.

The service also kept people and staff safe by ensuring the environment they were working in was safe. This included checks that electrical equipment looked safe via visual checks and alerted staff to the fact some homes were not well lit at night and they may need a torch. These risk assessments were reviewed three monthly.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification.

There were always sufficient staff available to meet people's needs. This was because the agency was small

and covered specific areas to reduce the amount of time travelling between visits. The registered manager said they only took on new packages when they had a gap in care hours due to a change in people's circumstances. She gave an example of being unable to offer the right hours to one person they had previously supported, because they could not offer them the right times. They agreed to alert the person as soon as more care hours became available. This showed the service was responsible and did not overstretch themselves or offer packages which were not suitable to people's preferences or needs. She said they did not miss visits because if a care worker rang in sick or was delayed at another visit she or the deputy or other office worker would always cover the care. The deputy manager said she "loved staying hands on. I often work weekends because I love the contact with people. That's what it is all about."

People were safeguarded from the risk of abuse because the agency had developed safe systems for managing people's monies. Staff had received training on understanding abuse in vulnerable adults and were confident that any concerns highlighted to the registered manager would be dealt with. Some staff were less confident in knowing who else outside of the service they could contact. They were aware of policies and how to find out whom else to report to if needed. The registered manager said they would discuss the role of other agencies in one to one supervisions and at the next team meeting.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people.

The service had good systems in place to safely support people with the management of their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. People confirmed care workers assisted them when needed to take their medicines. Audits were completed to ensure the medicine records were being consistently completed.

The service had policies and training in ensuring good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. Staff confirmed there was a plentiful supply of PPE.

Is the service effective?

Our findings

People said they were provided with effective care and support by staff who were skilled and understood their needs. Comments included "They are first rate. Very good, they know what they are doing. I have no worries on that score." One relative said "I have to be able to trust the staff who support my (relative). I would not use them if I did not think they had the right skills and attitude."

People received effective care and support because staff had good training and support to develop their skills. Training was tailored to meet staff learning style and needs. There were set core areas of training all staff were required to complete. These included all areas of health and safety, food hygiene, equality and diversity, safeguarding, Mental Capacity Act 2005. In addition staff were encouraged to gain national qualifications such as diploma in care. The training matrix showed most staff had gained an NVQ or diploma or were in the process of completing one. The Provider Information Return (PIR) said staff were also encouraged to complete hospice training in end of life care and dementia care training. One healthcare professional said "I provided the care agency with training in administering insulin." The staff were responsive to education and keen to perform this task appropriately. The education sessions were arranged professionally with appropriate members of staff and appropriate documentation was completed. The manager and staff were aware of their responsibilities in undertaking this.

Staff said they were supported with their training needs and felt competent and confident that they had the right skills to do their job. One care worker said she had been given additional mentoring by the registered manager because she was not confident in her abilities to do the job. She said "The manager believed in me and helped me to gain the skills and believe in myself. I love this job and feel they have helped me gain my confidence back."

Staff were offered ongoing support via one to one supervisions, which included some spot checks on their work and time to discuss their role, any difficulties and future training needs. Staff confirmed supervision was completed on a regular basis and was a useful tool in reviewing what had worked well and what they and the agency could improve upon.

All staff new to care work completed a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Staff confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively. One staff member said their induction process had been extended and they spent longer with more experienced staff in order to gain their confidence. The registered manager said they would tailor the induction to suit individual worker's needs.

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled 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. Care workers demonstrated an understanding of the MCA and how it applied to their practice.

Daily records showed staff routinely asked people for their consent before delivering care. People confirmed staff explained what they were doing to assist them and checked they were ready to receive the care and support needed. This showed staff understood how to ensure people were given choice and consent. If people refused the care and support, staff documented that it had been offered. Staff they knew to contact the registered manager if this decision could impact on the person's health and safety.

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Others had plans which included detailed instructions about what meals care workers should prepare for people to help them stay healthy. One person said "They are very good, they are here for my (relative) but they also get my lunch ready as well." Another said "They always make sure I have plenty of drinks and snacks available." Where staff were responsible for preparing meals they recorded and monitored the individuals food and fluid intake.

Staff understood the importance of monitoring people's health and alerting the office when people may need a GP visit or other healthcare professional input. The service worked in partnership with healthcare professionals such as community nurses and the diabetic nurse to monitor and help maintain being health and well- being. If support was needed for appointments to the hospital or to see health specialists, the service tried to accommodate this.

Is the service caring?

Our findings

People said staff were kind and caring. Comments included "They are very kind, nothing is too much trouble"; "Yes they are caring and always ask if I need anything else before they leave."; "I think they are top notch, couldn't ask for better."

People benefitted from the time and effort that the service invested in building positive and caring relationships with people. For example, people were asked if they liked all the care staff who worked with them and if there was anyone they would prefer not to have. The deputy manager said "It's important they get on and if they don't want a particular worker, we make sure we honour that. Also if we know staff will develop good relationships with certain clients, we try to rota them on. We have one worker who does a lot of enabling visits and she is great at encouraging people to get out and about. She even took out another service user with the one she was caring for, because she knew they were friends and didn't get to see each other much. They went out for a coffee and had a blast."

Staff understood the importance of ensuring people's privacy and dignity was upheld at all times. For example, making sure body parts were kept covered when supporting people with personal care to reduce people's embarrassment. One staff member said "We always check people are happy with us supporting them, ask them if they want to do any part of their wash themselves and check what clothes they want to assist then getting on. Giving people choice and respect is part of what we do."

The service had a folder with things staff had done to go "above and beyond" their normal duties. This included examples of staff doing shopping for people in their own time, assisting someone to attend a family wedding. It also included where staff had thought of ideas to help people, such as using a white board to help one person with their memory issues.

Staff talked about the people they cared for in a kind and respectful way. It was clear they had developed strong relationships with them and understood what was important to each person to ensure personalised care and support was offered. One person said "The staff like to have a joke with me. It cheers me up."

The service had received many thank you cards and letters of thanks. Comments included "Thank you for all the care, smiles and laughs you gave my aunt. She was very fond of you all and many of you went the extra mile."; "You have shown us such care and support we can't thank you enough"; "I really appreciate your kindness and professional approach."

The Provider Information Return highlighted the fact that some staff had completed end of life training with the hospice. Their aim was to enable people to remain at home for as long as possible including at the end of their life where possible. The registered manager said they had forged good links with the hospice, and if needed, and people's health deteriorated, they tried to provide extra care and support alongside the community nurses and GPs.

Is the service responsive?

Our findings

People said the service was responsive to their needs. One person said "They know me well and know how to support me." One relative said "They are really good at picking up if my (relative) is not themselves or unwell." One person said in their returned survey "My spouse and I are very well looked after by Time To Care. The staff are very responsive to any questions or problems we raise."

People's care and support was planned in partnership with them and their family. Where possible the registered manager or deputy would visit the person to assess their needs and discuss their wishes and ways they wished to be supported. They would also talk with family and other care givers if appropriate. This information was then used to develop a care plan which detailed what support the service would offer. This included how care should be delivered and at what time. People confirmed they had been involved in the development and review of their care plans and that this was always available for staff to refer to. Staff confirmed care plans were always in place before a new package of care started. They said care plans and reviews were discussed with them and any changes to care were highlighted via a memo or text. Staff said they found care plans invaluable, especially for newer people and people who were not always able to tell them what they wished to have support with.

Daily records showed staff were responsive to people's needs because they gave a clear account of what they had done to support the person and documented any changes to their health or emotional well-being. The registered manager said she was aware some people suffered from social isolation and they were trying to respond to this by setting up a day service, which they hoped to have in operation soon. They intended to run this from their registered office as the building was wheelchair accessible, on one level and had a large meeting room they could use for people to get together for social events.

Care plans gave bullet points to show staff exactly wants tasks they needed to complete on each visit. This included the time of the visit. People said staff were punctual and stayed for the amount of time they were expected to. One person said "Yes they are usually on time and if they are running late we usually get a call to tell us why. They are very reliable. They know us well and know exactly what to do to support my (relative)."

Care plans included details about people's likes and dislikes. For example, one highlighted the fact the person did not like staff to use terms of endearment. Another stated ways of ensuring the person was helped to make choices by offering one choice at a time. This personalised information helped staff to respond to people in a person centred way.

The service had a complaint policy and it was clear from the complaint folder, every small complaint or issue raised was taken seriously, investigated and responded to. For example, one person had complained about their cups getting chipped. The staff were reminded to handle people's crockery with care and the complainant received a written apology.

Is the service well-led?

Our findings

People, their relatives and staff all praised the leadership and management approach. People and staff said they were confident any ideas or issues raised would be listened to. Prior to this inspection we sent out surveys to people who use the service. Ten were sent and seven were returned. The respondents when asked "does the care agency act on any instructions and advice I give them" all said they did. All also said they knew who to contact within the agency if they needed to discuss something and the information they received from the agency was easy and clear to understand.

The service also used their own surveys to gain the views of people, their relatives and staff. Survey results were analysed and shared with all stakeholders. There had been a meeting and a letter to all people who used the service to outline the main finding of the surveys. Most responses had been very positive about all aspects of how the agency worked. None had been negative but some had answered unsure about the answer.

Staff said they felt valued and appreciated for their work and contribution to the agency. For example, one staff member said "I have made some suggestions and they were taken up. It's like one big family. We work as a team and both managers also help when we are short on care (staff) to do every visit."

Another staff member talked about the fact staff were given positive feedback and praised for their hard work. They said "When we meet for the seniors' meeting, it's not always about what we need to do better, but also about who is working well and making sure they know they are appreciated."

The culture of the service was focussed on ensuring people received the right care and support. The management team had a proactive approach. For example, they text weather warnings from the MET office so keep staff updated on adverse weather conditions. They sent out information to people using the service about staying warm in winter and some simple recipes for warming meals. Where people's needs had changed all staff providing the care and support received a text to keep them updated on any changes to people's needs and the way care should be delivered. The plans were updated promptly to ensure consistent care. Managers and seniors completed unannounced spot checks and the results of these were shared with staff as a point of learning.

People were kept up to date with areas such as knowing how to pay for their care. The service gave people information about what the threshold of savings were and in some instances had helped them to work out making a claim for support towards the cost of their care.

The registered manager was passionate about ensuring staff had the right skills and support. She had become a "Proud to Care" ambassador. This meant she had received some specialist training in ensuring a positive model of care was being portrayed in employment forums such as schools and colleges. The registered manager believed the role of care worker could be "promoted as a stepping stone for anyone who is considering a career in Medicine i.e. Nursing, Doctors etc. Quite recently advertisements have been promoting this."

Joint partnership working was seen as a key to ensuring the agency developed and worked within best practice guidelines. To this end the registered manager had become part of the network within Skills for Care. She also had membership with the Devon Carers Partnership Trust, Devon National Skills Academy and joined up regularly to meet with the integrated diabetes specialists.

This joint working and affiliation with organisations allowed the registered manager to share ideas and understand and disseminate best practice to their own workers within the service.

It was clear there was learning from accidents and incidents. All forms relating to these were reviewed by the registered manager and any actions or learning points were shared with the whole team. For example, when one person had increased falls when their relative was out of the house, the service ensured staff followed the action of making sure their commode was accessible. This meant they did not have as far to walk and had reduced the number of falls.

Systems and audits were used to drive up improvement. Care plans were reviewed three monthly and audited bi-monthly. Medicines records were audited monthly. Where there were omissions or gaps the managers looked carefully at who had been on duty and asked them to complete gaps retrospectively. They then offered further training and support to ensure staff understood the importance of keeping accurate records.

Community involvement was encouraged for people using the service and staff. For example, the Provider Information Return highlighted that staff had been encouraged to attend a local coffee mornings on a Tuesday. "The aim was to mingle among the attendees to talk about care as a service and to alleviate any fears they may have if they are thinking of taking on care themselves."