

Solihull Time To Care Limited

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Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 August 2017 and was announced. This was the first comprehensive inspection of the service since it registered with the Care Quality Commission in November 2016. At the time of our visit the service supported six people.

The provider was also the 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 told us they felt safe because they knew the care workers who supported them, care workers arrived on time and stayed the length of time expected. Recruitment procedures minimised the chances of recruiting unsafe staff.

Care workers had suitable skills, knowledge and experience to meet people's needs. They knew how to support and keep people safe from harm. Care workers received appropriate training and support to help them provide effective care to people.

People told us care workers were very caring. They felt care workers respected them as individuals and treated them with dignity. People felt care workers were responsive to their changing needs, and where necessary involved other healthcare professionals.

The provider was dedicated to providing quality care to people. Care workers and people who used the service found the provider open, approachable, and responsive.

At the time of our visit some of the policies and procedures did not accurately reflect the service provided, and records were not accessible to the regulator or to the provider. The provider contacted us after our visit to say they had made the identified improvements.

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.

Care workers understood the risks associated with people's care and made sure risks were minimised. People felt safe with the care workers who supported them because they knew them well, and care workers came at the expected time. The provider's recruitment systems minimised the risk of employing people unsuitable to work in a care capacity. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Care workers had the skills, knowledge and experience to meet people's needs. They had undertaken the relevant training to support people. Care workers were provided with good support from the provider and understood their responsibilities under the Mental Capacity Act. Where health care needs arose, the provider made sure the relevant healthcare professional was contacted.

Is the service caring?

Good ●

The service was caring.

People and relatives told us care workers were very caring and respected their privacy and dignity. People were involved in making decisions' and planning their own care.

Is the service responsive?

Good ●

The service was responsive.

People received a service based on their personal preferences and how they wanted to be supported. People were able to share their views about the service and had no complaints about the service they received.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

People and their relatives thought the service was managed well and they received a good service. The provider was very experienced in delivering care but this was a new venture in managing a care agency. Records were not stored so they were accessible to authorised people, and some policies, procedures and paperwork did not reflect the service provided. The provider acted on advice given immediately after our visit.

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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 was the provider's first inspection. They had registered with the CQC in October 2016 but had only started providing personal care to people since February 2017.

This inspection visit took place on 3 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager also provided care support to people. We wanted to be sure they were available when we visited the service.

There were six people who used the service at the time of our inspection. Because it was a small service, one inspector conducted the inspection. The day before our visit we spoke by phone with the six people who used the service or their relatives. After the inspection visit we spoke by phone with the other two members of care staff who worked at the service.

We looked at the recruitment record of one person, and looked at the care record of a person who used the service. We also looked at some of the information about the service provided to people, and the policies and procedures of the service.

Is the service safe?

Our findings

All people we spoke with felt safe with the service. About half of the people we spoke with had used other domiciliary providers and had changed to Solihull Time to Care. This was because they had not felt safe with their previous provider, but told us they now felt very safe with the care provided to them. They told us this was because they knew the care workers who supported them, and care workers came to their homes at the agreed time. They did not worry that care workers would not attend their calls.

The provider had a safeguarding policy and procedure in place. They, and the two care workers had recently undertaken safeguarding training and were aware of their responsibilities to report any concerns relating to abuse to the relevant safeguarding authority. The provider had also signed up to receive information from the local safeguarding team via email to keep them updated.

The provider knew their responsibilities to recruit people who were safe working with people. Whilst one of the care workers was a relation of the provider, and the other, a colleague from a previous working environment; they had still carried out robust checks including reference checks and disclosure and barring service checks (DBS). The DBS is a service which checks whether people have a criminal record.

The provider and their team understood the risks associated with people's care. For example, a relative told us when their relation first started using the service the provider had noticed their relation's skin had broken down and their "bottom was in a bad way." The provider contacted the district nursing service and now the person's skin was healthy again.

Care workers knew what to do if a person required emergency treatment. They told us they would call 999 and wait for the ambulance service to arrive. They said they would make sure they stayed with the person until it was safe to leave. They also knew to phone the provider if they were ever delayed or could not attend a visit. This was to make sure their call was covered by someone else.

The service supported people to take their own medicines. One person who was able to take their own medicines but not able to get them out of the packet told us, "They pop the medicines out into a little glass, ready for me to take." Where creams were used (for example if skin was at risk of breaking down and developing sores), a body map was in place to show where the creams needed to be applied. Nobody who used the service needed medicines given to them without their knowledge.

Is the service effective?

Our findings

People received effective care from Solihull Time to Care. A relative told us their relation was, "More than happy with the care." They went on to say the person had been 'disgusted' with the care given by a previous care agency, but this was 'amazing.'

The provider and their team had undertaken all training they considered mandatory to meet people's health and safety needs. They had also undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

One of the care workers had not worked in the care sector before, told us the provider had supervised them when they first started work and was always available for additional support if and when required.

Both care workers told us they received informal support and supervision, and the provider was always available at the end of a phone if they needed any additional information or support. The provider told us as they became more established they would look at arranging formal meetings with staff to make sure their support and training needs were being met.

The provider and their team understood the principles of the Mental Capacity Act 2005. They knew it was important people gave consent to the care they provided. We were told whilst some people who used the service had a diagnosis of dementia, they had the capacity to make their own decisions about the care provided. The provider was aware of the need to monitor and assess capacity to make sure people either consented to care; or best interest decisions were made on their behalf if they did not have the capacity to make decisions.

The service was not providing meals to people other than to occasionally support someone in getting their breakfast. They made drinks for people when requested.

People told us the provider involved other healthcare professionals when necessary. A relative told us the service contacted the person's GP when they noticed a problem with the person's skin.

Is the service caring?

Our findings

People and relatives told us the provider and care workers were very caring. One person said, "I have two that come, they are both very good." Another said, "When [care worker] comes she is like a ray of sunshine." A third told us, "She's [care worker] so caring and kind. It is lovely having the same one."

A relation told us their relative was a young man and the service had got to know his needs well. They told us he was comfortable with the care workers who respected his privacy and dignity when providing personal care. They also told us the care workers had got to know him as a person, and said, "They now have such a rapport, they understand his needs, I can't recommend them highly enough." The person's condition meant they could not speak with us on the phone. However they listened to our conversation and their relation checked they were in agreement with what was being said on their behalf.

People and relatives felt they mattered. One relative told us the care worker providing care really understood dementia and supported her as the wife of a person who lived with dementia. She said they had been told they could phone at any time for help. They said, "I couldn't wish for anything better, and told us the care worker was, "Like an angel sent from heaven."

Care workers had a good understanding of the people they cared for and supported. They showed respect for people in the way they talked about them. One person told us the difference the member of staff had made to their life. They said, "It is like having a nice friend. It's really important to have someone like her [staff member] because life isn't easy. She is so used to me. It gives me a lot of pleasure to have her come in [to their home]."

People and relatives told us they were involved in the decisions about how they wanted their care provided. One person was provided with personal care and social support. They told us, "Sometimes the care workers take me out shopping, and if I need the laundry done they will do it."

Is the service responsive?

Our findings

The provider worked with the person and/or their relative in assessing whether the service could provide care which met the person's needs. Where people were funded by the local authority, the provider also used assessments undertaken by the person's social worker to help them decide whether they could provide a service for the person.

People and their relatives told us they were involved with the assessments and plans for their care. One relative told us, "I have been fully involved (with care provision). She (care worker) leaves notes every time she leaves." They went on to tell us the notes gave them an update on their relations care needs.

We looked at one person's care file. We saw this contained sufficient information for staff to know people's needs but it was not written in a format which made it clear what was expected at each visit. However, the daily records provided a good account of the care provided. A member of staff told us the provider was 'hot' on making sure they wrote up the care provided each time they visited a person. They told us the provider's view was, "If it isn't written, it hasn't been done."

The provider acknowledged care plans required further work. After our visit they sent us a copy of changes they had made to the plans which more clearly demonstrated the care tasks required for each visit. They confirmed they had gone through each person's records and updated them to this format.

The provider also worked as a care worker, and because the service was small, they were aware of people's changing needs and adapted and reviewed care accordingly. They said they intended to implement more formal reviews of care as the service grew so they would continue to have a clear understanding of people's needs.

We asked people if they felt able to complain about the service. Nobody had needed to complain, but all felt they could contact the provider and tell them if they had any concerns.

Is the service well-led?

Our findings

This service was registered with the Care Quality Commission in November 2016 however the provider started to provide personal care to people in March 2017.

The provider was also the registered manager and supported their staff in providing care to people. The provider had many years' experience in care as a registered nurse; however this was their first business providing domiciliary care to people.

To support them in their work, the provider had used the services of a company which specialised in supporting residential and domiciliary agencies in meeting the requirements and regulations associated with the Health and Social Care Act 2008. However, whilst this had helped them in developing policies and procedures, some of the policies and procedures and paperwork we saw were more relevant to care homes and did not reflect the service they were providing. The registered manager had discussed with the company what their needs were as a community service, but had not gone through the policies in detail to ensure they were all in-line with the service they provided.

After our inspection the provider confirmed to us they had gone through the policies and paperwork to make sure they reflected the service they were offering.

The service had a complaints policy but this was not available in the 'service user guide' (a booklet explaining what people could expect from the service). The policy did not provide guidance to the person about how long the person should expect to wait until they received notification of the outcome of the investigation. There was also nothing in the policy about what people should do if the complaint was about the registered manager. This was important because the registered manager was also the provider. The provider again confirmed to us after our visit the complaints policy was now in the service user guide and contained the additional information discussed during our visit.

At the time of our visit, the provider did not hold the care records at their registered location. They kept key information on file in the office but the care records were kept at the person's home. This meant we had to ask a member of staff to bring a set of records from a person's house to the office on the day of our visit so we could look at care plans, medicine records and daily notes.

We discussed the importance of ensuring the main record was kept at the provider's office safely and securely. This was so the provider always had access to the file and the records contained within, and to ensure the care records could not go missing. The provider informed us after our visit that care records were now held at the office, with only copies of the care plan and recent daily and medication notes kept at the person's address.

People, relatives and staff felt the service was managed well. They thought the care provided by the service was very good. One person told us, "I would recommend them to anyone." Another person who had bad experience with domiciliary care in the past told us, "I couldn't wish for anything better." Staff felt they could

discuss any issues or concerns with the provider. They felt the provider was open and trustworthy.

During our visit we found the provider was open and honest with us in discussing the areas we found required improvement, and the reasons behind some of their decisions.