

Time to Care Specialist Support Services Limited

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Inspection report

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Date of inspection visit:
25 April 2023

Date of publication:
02 August 2023

Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Time to Care Specialist Support Services Limited is a homecare service that provides personal care and support or enablement to people with learning disabilities, autism or related conditions and/or people with physical or mental health needs. 10 people received support for a regulated activity at the time of the inspection.

People's experience of using this service and what we found

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

Right Support: People who used the service had their needs assessed before they began receiving care. They had appropriate plans in place to aid in living independent lives and were involved in decisions and reviews about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: The staff providing care were well trained to do so and quality checks were carried out to ensure that standards were being met. People we spoke to had positive experiences of using the service. We saw evidence of staff working with partner organisations to meet the needs of people who used the service.

Right Culture: There was a positive culture for the people who use the service. Staff who worked there benefited from the strong support from the management team, including values checks at supervisions and feedback calls from the registered manager and human resources (HR). Staff that we spoke with spoke positively about their roles and about providing care to people who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (report published 31 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Time to Care Specialist Support Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector.

Service and service type

This service provides personal care to people living in their own houses and flats.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 25 April 2023 when we visited the location's office on 25 April 2023. We also made further contact with staff and people who use the service on 20 and 21 July 2023.

What we did before the inspection

We reviewed information we already held about the service, including views gathered by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

During the inspection we spoke with 6 members of staff. This included the registered manager, the nominated individual, the activity co-ordinator, HR manager, a senior support worker and a support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also tried to speak with 10 people who use the service and their relatives to gain feedback but not all were available to answer the phone. We spoke to 1 person who used the service, 1 of their relatives and a live-in-carer.

During our visit we looked at people's care records, staff training and recruitment records as well as the policies and procedures used by the provider to manage the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The needs of people who used the service were assessed before care was started. This included planning for people's physical health, oral health, mobility, finances and behaviours.
- People's likes and personal preferences were recorded in their support plans.
- Support plans were reviewed every 6 months and updated. People who use the service and/or their relatives were invited to contribute to these reviews.

Staff support: induction, training, skills and experience

- The registered manager ensured staff had received inductions and that mandatory training had been completed. This was evidenced in staff training records.
- Specific staff training had taken place to support people with specific mobility equipment to promote their independence, as well as staff training for people with conditions such as epilepsy.
- Staff we spoke to had completed the care certificate as part of their training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Support plans included specific eating plan instructions.
- People who use the service were supported by staff to prepare their food when required.
- Additional experience was sought, by working with other healthcare professionals, to meet people's dietary needs. A support worker we spoke to told us, "A person I support has dietary needs and has had assessments from the speech and language team who have supported their support plan."
- Staff liaised with dieticians and details were recorded in support plans when decisions were made. They also made use of a communication app to discuss changes in dietary needs in the plan. A senior support worker explained, "We ask him what he would like for his tea, he's a great lover of vegetables and soups!"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported in accessing healthcare professionals when they needed them, such as their GP.
- Weekly multi-disciplinary meetings took place to find good outcomes for people who use the service. This

included learning disability nurses, advice from the speech and language team and the positive behaviour support team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA..

- The provider had an up to date mental capacity policy and deprivation of liberty policy in place which were available to staff.
- Staff had received relevant training, a senior support worker we spoke to told us they had been, "Given lots of experience to learn. This was reiterated in the medication training too. You can always learn more. There is always a presumption of capacity."
- Staff were aware of what to do if someone did not consent to their treatment or care. We found evidence in support plans of best interest decisions being made.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive culture for both people who use the service and the staff who worked there. The HR manager had put in place a staff retention and wellbeing scheme and told us that key values were, "Honesty and transparency, we are open to new ideas and have person centered policies and procedures. We are a great believer in freedom of choice for the service users. Building up good rapport with new staff, I call them once a week to see how they're settling in." A support worker told us, "Everyone is friendly and supportive."
- The organisational values were shared with staff in paper copy during their induction. Staff spoke passionately about their roles. The activities co-ordinator said, "I personally just love working here, I've worked in care before and never enjoyed coming to work. We all get along well."
- The registered manager encouraged the sharing of values during group supervisions by encouraging staff to describe examples of when they have demonstrated good values.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place. Incidents were recorded when they took place and people were told if things went wrong.
- The registered manager was aware of their duty of candour responsibilities. They also had a complaints form in place to capture negative feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality checks were carried out by the registered manager and senior support workers to ensure the service was compliant with regulatory requirements.
- The registered manager had completed statutory notifications to regulators and shared information appropriately with external agencies.
- Business contingency plans were in place for people in emergency situations, such as a fuel crisis or adverse weather. Staff were insured to drive and had access to several 4x4 vehicles. Agency staff were also available in the event of a staffing crisis.

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

- Equality and diversity training and an accompanying policy was in place by the provider to protect people's differences and protected characteristics.
- Staff had recently supported a person who used the service to attend a community event from a diversity group.

Continuous learning and improving care

- The registered manager carried out a number of quality audits to identify areas of improvement.
- The provider made use of surveys to capture feedback from people who used the service. These were also available in an easy read format.
- Regular staff meetings were arranged both face to face and also electronically, whereby feedback from staff could be captured as well as sharing lessons that had been learnt. The seniors also shared these messages across their teams. A support worker we spoke with told us, "We have discussions about learnings from things that have gone wrong."

Working in partnership with others

- The provider worked alongside partner organisations to seek good outcomes for people who used the service and weekly multidisciplinary team meetings took place.
- Staff were supported in meeting the needs of individuals they supported by seeking out support from partners including a behaviour management team. We saw evidence of strategies in place, which helped staff deal with behaviours which may challenge. Details were recorded in individual support plans.