

Mark Time Care Limited

# Mark Time Care Limited

## Inspection report

279 Hucknall Lane  
Nottingham  
NG6 8AF

Tel: 07794199612

Date of inspection visit:  
23 October 2019

Date of publication:  
14 November 2019

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Mark Time Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes within and around Nottingham. It provides a service to older and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Mark Time Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 19 people were receiving personal care as part of their care package.

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

Overall people told us they were happy with the care they received. In the main, people received care from regular staff who they had developed a positive relationship with.

Guidance for staff about how to meet people's care needs and known risks, were inconsistent in the level of detail provided. Not all risks had been sufficiently assessed and planned for.

Where people required support with their prescribed medicines, staff were not following national best practice guidance. Improvements were required in the transcribing of medicines to ensure mistakes were not made.

We have made a recommendation about reviewing current medicine management best practice guidance.

Staff had received an induction and shadowed experienced staff. Staff had received training, but some training gaps were identified. Staff felt well supported by the registered manager, but opportunities for staff to discuss their work, training and development needs was informal.

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.

Staff ensured people's hydration and nutritional needs were met and they liaised with external health care professionals, to support people with their health conditions. People were protected from the risk of cross contamination because staff followed infection control prevention and control practice.

Staffing levels were sufficient to meet people's care needs and checks were completed on staff's suitability to work with people. Staff had received safeguarding training and people knew how to raise any concerns or complaints. Where incidents had occurred, these were recorded, reviewed and monitored. Action was taken to reduce further risks.

Staff were kind, caring and compassionate and understood people's needs. Staff encouraged people's independence and upheld their rights. People were involved in discussions and decisions about their care, but this needed to be formalised.

End of life care was not being provided at the time of the inspection, but people's wishes to some aspects of their end of life had been discussed with them.

Systems used to monitor the quality and safety of the service had recently been improved upon. This included oversight of people's care package to ensure staff had completed visits in accordance to their assessed needs. People received opportunities to share their experience of the service they received.

The registered manager was found to be caring, responsive and showed a determination and commitment to drive forward improvements. Where shortfalls in standards were identified during this inspection, they took immediate action to make improvements.

The registered manager understood their registration regulatory responsibilities.

#### Rating at last inspection

This was the first time the location had been inspected therefore there was no previous rating. This service was registered with us on 3 October 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the registration date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.  
Details are in our caring findings below.

**Good** ●

# Mark Time Care Limited

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started and finished on 22 October 2019, this is when we contacted people who used the service for their experience and spoke with some staff. We visited the office location on 23 October 2019 and met with the management team.

#### What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We also sought information from external agencies such as the local authority. We also asked Healthwatch Nottingham for any information they had about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, senior care worker and three care workers. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff training, audits and checks.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care needs and safety were not consistently assessed and planned for. For example, where a person had a diagnosis of diabetes, guidance for staff did not include the signs and symptoms of illness. Another person received their nutritional intake direct into their stomach by a RIG - radiologically inserted gastrostomy. This procedure was only provided by a staff member or the registered manager who were registered nurses. However, there was no risk assessment that gave instructions of the potential risk such as infection with the RIG site. We discussed this with the registered manager who agreed to review, and risk assess these needs.
- The incident records reported a person could display behaviours that were challenging towards staff. Whilst the action taken in response to this, documented staff had been informed how to support the person, there was no behavioural care plan or risk assessment that provided staff with guidance of the care required. The registered manager acknowledged this was an oversight and that they would take immediate action.
- Risks to people's safety including the environment had been assessed and planned for. This included staff ensuring the security of the property, that any moving and handling equipment was safe to use, and where people had a lifeline they were supported to wear it.

### Using medicines safely

- National best practice guidance was not fully adhered to. For example, hand written entries of people's prescribed medicines on medicine administration records, were not signed by two staff. This is important to ensure transcribing is correct. The registered manager confirmed following our inspection they had taken action to address this.
- Where people had prescribed medicine to be taken 'when required' referred to as PRN, such as pain relief, there was no PRN protocol. This is important guidance staff require to ensure people are not at risk of over medicating. Body maps were not used to provide staff with guidance of the application of topical creams.
- People confirmed staff provided safe support with managing their medicines. A person said, "Staff are very competent, and they triple check my medicines."
- A medicine care plan provided staff with information about people's medicines, any allergies and the support people required. A medicines policy also supported staff practice.

We recommend the registered manager reviews current best practice guidance in the management of medicines.

### Staffing and recruitment

- Staff recruitment was ongoing to ensure there were sufficient staff employed and deployed to meet people's care needs. An electronic system had recently been introduced to support the management team to monitor calls. The on-call duty system was managed by a member of the management team and provided staff with any support needs.
- Every effort was made to match staff with people who lived in their geographical area to reduce staff travel time.
- Staff recruitment checks supported the registered manager against the risk of employing unsuitable staff. This included checks on staff identity, employment history and DBS (disclosure and barring service) criminal record checks and references were requested prior to employment.
- We identified one staff member had a DBS check after they had commenced. The senior care worker told us because the staff member had a DBS that was in date, they had accepted this. However, they realised this was a mistake and had requested a new DBS, records confirmed what we were told. Another staff member did not have a second reference, the senior care worker said this was because the person had no previous work history. However, they accepted good practice would be to seek two character references in this case.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt staff provided safe care and had no concerns about safety. People also confirmed staff wore an identification badge and uniform to confirm who they were.
- Staff had received training in safeguarding people from abuse and avoidable harm and had a safeguarding policy and procedure to support their practice. A staff member said, "Safeguarding could be unexplained bruises, a change in a person's behaviour, acting differently or out of character - I would report any concerns to the manager."
- The registered manager was aware of their responsibility and the action required if they were concerned about a person's safety.

#### Preventing and controlling infection

- Infection control measures were used by staff when providing care. This included single disposable aprons and gloves to reduce the risk of cross contamination. Staff had completed infection control and food hygiene training.

#### Learning lessons when things go wrong

- The registered manager monitored incidents and considered what lessons could be learnt to reduce further risks. Examples of action taken included requesting commissioners to increase the length of a person's care package.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received an induction and opportunities to shadow experienced staff. Staff either had a diploma in social care or had completed the care certificate or was working towards this. This is a set of care standards people working in health and social care are expected to work to.
- Shortfalls in training was identified. The training plan showed some gaps in staff training. For example, staff had not completed training in life support. Neither had they received training in pressure care or catheter care but were providing care to people with these needs. The registered manager who was a registered nurse, told us they had provided staff with guidance in these areas, but agreed formal training was required. The registered manager told us they would arrange additional training.
- Staff had not received formal opportunities to discuss their work, training and development needs. Staff were positive about the support they received from the registered manager. A staff member said, "I've not had any meetings with the manager since I started, but they are easy to communicate with." Another staff member said, "The manager is supportive and brings a lot of knowledge."
- The registered manager told us they had regular contact with staff and completed spot checks to assess their competency. They were aware they needed to provide formal opportunities to meet with staff and had a plan to do this.

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

- External professionals such as ambulance staff, had access to essential information kept in people's homes to assist them in providing ongoing care. The registered manager recorded all correspondence with external professionals, which confirmed how information was shared to meet people's care needs.
- Guidance provided to staff in care plans about people's health conditions and how this impacted on them and the care required, varied in detail. For example, catheter care plans were detailed and supported staff to understand the care required. This included the signs and symptoms of an infection and what staff should do to seek medical attention if concerns were identified. Guidance in care plans for skin care were inconsistent; whilst one care plan advised staff of the signs and symptoms of skin damage another care plan with the same need, did not provide this guidance.
- The registered manager told us they were in the process of seeking additional NHS guidance of specific health conditions, to provide staff with additional information. They also recognised the inconsistencies and agreed to review guidance provided for staff.
- People were positive about the care provided by staff. A relative said, "Staff are good at following the care plan, it's all broken down what staff need to do on each visit."

- Oral health care support needs were assessed and planned for. However, the registered manager was not aware of recent published oral health care best practice guidance. Neither had staff received oral health care training.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Eight out of nine staff working for the service had not received training in MCA. Whilst some staff showed a basic awareness of the principles of MCA others were not aware. A staff member said, "Not everyone can give consent, but people live with their relatives who make decisions." This meant people were at greater risk of not having their rights fully protected. The registered manager told us they would ensure staff received this information as a matter of priority.
- The registered manager told us they had completed some MCA assessments where there were concerns people may lack mental capacity to consent to a specific decision. However, people had been deemed to have capacity to consent. The registered manager was aware of the process should a best interest decision be required.

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

- People received an assessment of their care needs before using the service. The provider's pre-assessment document was completed with the person, and or their relative or representative. The assessment considered people's diverse needs to ensure they did not experience any discrimination in relation to their protected characteristics under the Equality Act, such as their age, disability, gender, race, religion or belief.
- Staff had access to policies and procedures that reflected current legislation and nationally recognised guidance and assessment tools.

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

- Where people required support with their nutritional needs, they told us how staff provided support, including leaving drinks and snacks readily available when they left.
- Staff told us they had sufficient guidance about people's care needs in relation to their hydration and nutritional needs. A staff member said, "People have different health conditions that effect their diet such as diabetes, or they may be at risk of choking, so we assist with feeding."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- In the main, people received care and support from regular staff who were kind, caring and compassionate. Two people who used the service were very positive about the care they received. One person said, "I can honestly say they [staff] are fantastic. They are completely different to any other care agency I've used. The staff are more like friends, they spend time with me if I'm upset and need to speak with someone." Another person said, "I don't feel rushed. Staff treat me well and I'm quite happy with everything."
- In the main, relatives were positive about the care and approach of staff. Positive comments included, "I have no concerns at all, compared to other agencies I find these are really professional. Staff have [relation's] best interest at heart, they have developed a really good rapport with them. They show interest and ask how they are and if they've had a good day." Another relative said, "I'm quite pleased, the staff visit regularly, are always very happy, joyful, polite and respectful, they are all nice people and always ask if there is anything else they can do before leaving."
- Two relatives were less positive, concerns were raised about having irregular care staff and experiencing late calls. This feedback was shared with the registered manager who agreed to follow this up.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. A relative said, "We've not had a review meeting to discuss the care package. However, I see the manager, they visit to do spot checks or will call and ask how things are going." Another relative said, "The manager has called me two or three times to check we're okay with everything and asks me if there are any improvements required and not to hesitate to contact."
- The registered manager told us care plans were updated when changes occurred or if staff raised any issues. They added that they either visited or contacted people by telephone to enquire how the care package was going. They aimed to complete a formal review meeting at three monthly intervals. We saw examples of documents in people's care records that confirmed their involvement and consent to the care they received.
- Staff told us how they included people in their care. A staff member said, "We have the care plans but it's important we still ask each time what support they want, so they feel involved and in control. We give options and respect people's wishes. It's important to not impose yourself but let people have control and choose."
- Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. This information was in the provider's service user guide. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.

## Respecting and promoting people's privacy, dignity and independence

- People were positive about how staff respected their privacy and dignity. A person said, "I find it hard to accept help but they [staff] make it easy with their approach." A relative told us their relation had developed a positive relationship and described the staff as being polite and respectful. Comments included, "[Relations] face lights up when staff arrive, they recognise them and are happy with the care as we, family are."
- People's care plans provided staff with guidance about promoting people's privacy, dignity, respect and independence. Staff spoke about people they cared for positively and respectfully.
- Staff were aware of their responsibility in relation to confidentiality. Personal information was stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- In the main, people and relatives were positive that staff provided care that was based on their individual needs. A person spoke highly of the staff and registered manager, they felt their needs were known and understood and staff were responsive to their needs. Comments included, "I would highly recommend the service, it's the best I've ever had, the staff are brilliant and go above and beyond what's expected." A relative said, "The service is very good, the staff are friendly and work hard to do exactly and more than what they are employed to do."
- Two relatives told us their relation did not always receive care from regular staff, and how this was a concern to them. However, this was not the experience of seven other people, who told us they had regular care staff. Positive feedback was received about the duration of call times being sufficient. People told us they had not experienced any missed calls, and generally call times were within the allocated time expected.
- Staff were positive they had sufficient travel time and the duration of the call was enough to enable them to provide care without being rushed. Staff gave examples of when they had identified call times were insufficient and how the registered manager, had contacted commissioners and had these care packages increased.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been discussed with them during the assessment process. However, there was no care plan to provide staff with guidance of what care was required of staff. For example, some people wore hearing aids or glasses, but their care needs in relation to these were not recorded. The registered manager agreed to take action to address this shortfall.
- Whilst the registered manager was not aware of the AIS, they told us they would provide information in different formats such as easy read or large print if this was required.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint policy. The complaints log showed complaints received had been responded in line with the policy. The registered manager had taken action to make improvements and resolve any issues or concerns swiftly.
- In the main, people were very happy, positive and complimentary about the service they received. Eight

out of nine people told us they would recommend the service to others.

#### End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of seeking people's wishes in relation to their end of life care. They told us this would be discussed with people when required. Whilst staff had not received end of life training, the registered manager told us they were aware this training was required and had plans to support staff to do this.
- People's wishes in relation to resuscitation was known and this was recorded and staff informed. For example, DNACPR or RESPECT end of life documents, had been completed by a medical professional. This is important information for staff to be aware of.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was clear on her role and had informed CQC of any notifiable events and incidents as required.
- The registered manager was open and transparent and showed a real commitment and drive to provide a service based on people's individual needs and wishes. The registered manager completed pre-assessments and provided care or shadowed staff, when people first used the service. They told us this was because they wanted to assure themselves of the standard of care provided, met people's individual needs and expectations. They were also supportive to the staff team, but recognised they needed to formalise the support provided.
- New and improved systems had been introduced to monitor the quality and safety of the service. This included a new electronic system to monitor call times. The registered manager told us this was working well and was more effective in managing call times. Changes to assessment and other documentation, had recently been introduced as a result of the registered manager identifying improvements were needed, this included shortfalls we reported under the safe question in this report.
- Staff were positive about their role and working for the provider. They felt supported in their role.

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

- In the main people were positive and complimentary about the care they received and the leadership of the service. A person said, "This is the best care agency I have ever experienced. The management have helped with other stuff, not a part of their duties but have been really helpful and supportive, I can't speak highly enough of them." A relative said, "They [staff] have made my life better. I feel confident [relation] is safe and well cared for."
- The registered manager had a clear vision and set of values in providing the very best care they could, to enable people to live in the community. Staff understood and shared these values and promoted person centred care. They valued and respected people they cared for as equals.
- The registered manager had a commitment to the duty of candour and procedures were in place to ensure any investigations into complaints or shortfalls, would be completed thoroughly and openly.
- There was a system to report if staff were running late. Overall people told us they were informed if staff were going to arrive late. There was also an on all duty system for people and staff to use outside office

hours. Overall this was working well.

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

- Overall, people felt involved in the service they received. They told us the registered manager was easy to communicate with, that they visited them and contacted them to discuss their care package.
- People confirmed they had been invited by the registered manager to complete a quality satisfaction survey. We discussed feedback with the registered manager and they gave examples of action they had taken to respond to feedback received. This included sharing information with staff about improvements required and with agreement from commissioners, call times for some people were increased.
- Monthly staff meetings were arranged, however the registered manager told us often staff did not attend, but the management team continued to meet. The registered manager told us they were looking at ways to ensure staff attended meetings in the future. Meeting records confirmed the management team met regular to discuss what was working well and what improvements were required.

Continuous learning and improving care; Working in partnership with others

- The registered manager used forums and networks to develop their knowledge and learning.
- The registered manager had systems that monitored incidents and they learnt when things went wrong and took action to make improvements.
- The management team had an overall business plan that identified actions required to further develop and improve the service.
- The registered manager worked well with external health and social care professionals to support people to achieve positive outcomes.