

Time Together

Time Together

Inspection report

Unit 10
Provincial Works
The Avenue
Harrogate
HG1 4QE
Tel: 01423 883992
Website: www.timetogether.info

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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 

Overall summary

We did this announced inspection over two days, 22nd and 23rd April 2015. The provider was given two days' notice of our inspection because the location is a domiciliary care agency and we needed to be sure that someone would be available at the location office to provide us with the information we needed.

The first day was spent at the agency office and the second day was used to contact people by telephone at a

pre-arranged time. During our inspection we met with people who used the service, some relatives and staff at the agency office. We also met with people in their own home, by invitation.

Time Together Domiciliary Care Agency is a registered charity which provides personal care and support to people in their own homes. At the time of this inspection the agency was providing personal care and support for five people who had a learning disability and other associated conditions. The agency operates from a

Summary of findings

ground floor office which also includes a communal area for activities and staff use. It is located on the outskirts of Harrogate. There is disabled access and limited parking alongside the office. However, there is also on street parking nearby.

The service employs a manager who has worked at the service since March 2012, and was appointed team leader in November 2014. During November 2014 she was appointed to manager when the current manager took the decision to step down. The manager was in the process of applying for registration with the Care Quality Commission. If successful the manager will become the registered manager. Like registered providers, registered managers 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.

At the previous inspection, which took place on 21 August 2013, the service was compliant with all of the regulations we assessed.

People we spoke with or their relatives told us they felt safe with staff from the agency. Staff were recruited safely and they were trained appropriately to be able to support people.

The service had safeguarding vulnerable adult's policies and procedures in place which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed or if they had concerns about service delivery.

Staff identified and understood individual risks to people and worked with them to minimise these risks, whilst also supporting them to remain as independent as possible.

People were positive about the staff who supported them or their relatives. Staff from the agency were described as being 'excellent' 'caring' and 'fun.' People told us staff treated them or their relatives with compassion, dignity and respect.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded in their care records and were known and understood by staff. Risks to people's health and wellbeing had been identified. These risks were being monitored and reviewed, which helped to protect people's wellbeing.

Training was provided for staff and they told us this supported them in their roles. They received appropriate induction, training, supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The registered provider and manager had an effective quality assurance system in place which ensured that the agency provided care to people in a safe and effective way.

The agency had not received any complaints in the previous twelve months. The manager told us they dealt with any concerns immediately. The complaints procedure was given to people who use the service and they told us they could talk to staff if there was a problem.

A number of staff working at the agency had been in post for a long time. They knew the service and the people they supported well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us that they felt safe leaving their relatives with staff from the agency. Staff were recruited safely and received training to help them to look after people properly.

Staff knew how to report issues of abuse and said any issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Good



Is the service effective?

The service was effective. Staff received induction, training, supervision and support to help them carry out their roles effectively.

The manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards when necessary and made sure support was person centred.

Good



Is the service caring?

The service was caring. People who used the service and their relatives told us they looked forward to staff from the agency coming. Staff provided a good level of support to people who used the service but relatives also commented about the support they received from staff. They told us this helped them to look after their relative at home and have some time for themselves too.

Staff were described in positive terms, one relative told us, 'we work in partnership to make sure [name] is happy and leading the life they choose.'

People told us that they and their relatives were treated with dignity and respect and that they were involved in making decisions about the care and the support their relative received.

Good



Is the service responsive?

The service was responsive. The service was responsive to people's needs. Both the person using the service and where appropriate their relatives were involved in discussions regarding their care and support needs.

People were clear about how to raise concerns should they have any.

Good



Is the service well-led?

The service was well led. The agency had a team of experienced staff in place who promoted high standards of care and support. This was evident through discussions with staff, people who use the service and their relatives.

The registered provider and manager had systems in place which helped to review and develop the service. They sought out the views and opinions of people who received a service, other stakeholders and staff and acted on any feedback received.

Good



Time Together

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.

We inspected the service on 22nd and 23rd April 2015. The visit was announced. We told the provider two days before our visit that we would be coming. At the time of our inspection there were five people who received a service, including support with personal care from the agency.

The inspection was carried out by one inspector from the Care Quality Commission (CQC). Prior to our visit we looked at a range of different information which included information we hold about the service. We looked at notifications we had received for this service, contacted the local authority who provided funding for placements and Healthwatch to ask their views about the service.

Healthwatch are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We reviewed all of this information to help us make a judgement about this service.

During the inspection process we reviewed three people's care records and three staff recruitment and training files. We also looked at records required for the management of the service such as audits, minutes of meetings, the statement of purpose and the complaints procedure. We spoke with the manager and eight members of staff. We also spoke with three people who received a service and four relatives by telephone. We also met with three people who used the service and one relative at the agency office and visited one person in their own home, by invitation. In some instances we spoke to relatives about the service provided by Time Together as some people who used the service had complex needs and were not able to share their own views.

Is the service safe?

Our findings

We found this service to be safe. Everyone we spoke with, both people using the service or their relatives told us they felt happy and confident when being supported by staff from the agency. They told us people were kept safe in all aspects of their care including when they were out carrying out an activity or being supported at home. Relatives told us they usually dealt with the same staff team and that this helped them to get to know them well. One person told us, “The carers are really good. [Name] is always happy when they have been and spent time here.” We were told that staff always arrived on time and were reliable. One person told us that there had been an improvement in communication and that they always knew well in advance who was supporting them and this helped them to plan what they wanted to do. Staff were described as “Committed, second to none and that they always gave 100%.” One relative went on to say that their care worker “Wasn’t a carer – she’s [name]’s friend.” The member of staff was also described as a ‘second mum.’

We looked at three people’s care plans and saw risk assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. The record also included a section detailing the ‘benefits of taking risk.’ This showed that staff thought through each risk and considered this in accordance with the need for independence. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. Care plans we looked at had all been reviewed and detailed any changes that staff needed to know when supporting people at home. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. These were clear, updated and signed by the person making any changes. This meant people were protected against the risk of harm because there were suitable arrangements in place which staff were aware of.

Everyone we spoke with told us that they felt that staff from the agency were skilled and knowledgeable to carry out

their work competently. One relative told us, “They are a fantastic bunch, they do things the way [name] likes and we learn from each other.” One person told us about recent improvements in the agency which had made a good service even better.

Records showed that staff recorded accidents and incidents that happened in a person’s home or when they were supporting a person to go out into the community. The manager told us that accidents and incidents were all investigated and recorded. A risk assessment was undertaken where necessary and action plans were then developed to reduce the risk of a reoccurrence.

Safe recruitment practices were followed. We examined three staff recruitment files and saw that appropriate checks had been made to new employees appointed in the last twelve months to determine whether or not people were suitable to work at this service. Prospective or new employees had been checked through the Disclosure and Barring service, before commencing to work for the agency, to check if they had a criminal record and had two references to check their suitability to work in a domiciliary care setting. Historically, two references were not always sought when making appointments of staff. However, once highlighted this had not been repeated.

All staff working at Time together had received training in safeguarding vulnerable adults and/or safeguarding vulnerable children from abuse. A safeguarding policy was available and staff were required to read it, and sign to say they had read it, as part of their induction. We spoke with members of staff about their understanding of protecting vulnerable adults. Staff we spoke with were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. Staff were able to give us good examples of when they had concerns and had alerted the manager.

We saw a copy of the Time Together staff handbook. This booklet contained information relating to key policies and procedures such as health and safety, whistleblowing, first aid, fire safety, medication, personal care, safeguarding vulnerable adults and children.

Staffing levels were determined by the needs of people using the service. Staffing levels could be adjusted

Is the service safe?

according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. However, on most occasions staffing was usually provided on a one to one basis.

CQC had not received any notifications in relation to serious incidents or whistle blowing in the past year. One

safeguarding alert had been reported and dealt with since the last inspection. Staff told us they knew how to make notifications and alerts where necessary and that they would not hesitate to raise concerns or share information as appropriate.

Is the service effective?

Our findings

This service was effective. People using the service and relatives told us staff had the right knowledge, skills, experience, and attitudes towards them and provided a personalised level of support. One person told us, “The staff know what is needed and get on with it. They are right for the job.” People described to us how they used the agency facilities’ for other support networks including clubs and meeting their peers. For example, Happy Mondays, was available to everyone and some of the people receiving support attended the event. People also had access to a ‘Hub Klub’, ‘GameZone’ and other young adult social evenings which provided recreational activities and a forum for people to get together and socialise.

People told us about their care plan in place, which had been agreed with them before any service commenced. Relatives told us that staff from the agency followed what was written and agreed in the care plan. Any changes to people’s care needs were entered into the care plan and reflected any change in the support given. This meant that people received consistent care from staff at the agency. We also noted that the same staff were regularly on the same rota to work with individuals where ever possible, this was confirmed by the people we spoke with.

We looked at records of induction, training and supervision. All staff received an induction period when they began work. All staff received regular training and we saw records of this. Topics included; moving and handling, medication, safeguarding vulnerable adults and/or children, emergency first aid and infection control. In addition specific training was provided for example, continence support, epilepsy management and catheter care. Two people who used the service had been involved in delivering training to their peer group about safeguarding and what this meant to them. This had been well received and had prompted a lot of subsequent discussion around people’s feelings of wellbeing and trust. The manager and staff told us that the training programme was varied, relevant and up to date. Senior staff also told us that they carried out observations which focused on practice to ensure that staff understood the training and to check that they were carrying this out in practice.

People who used the service made positive comments about staff and how they always respected a person’s privacy and dignity and were very caring people.

Comments from relatives included, “We usually have the same staff but there is a small team who share the work. They are always on time. They know what they need to do and know [name] really well.” One person told us, “The staff are all excellent,” and “The staff are very caring and considerate.” One person told us about their experiences and that they knew if their relative was unhappy or uncomfortable with someone. In previous experiences their relative would give a firm ‘No’ if they were unhappy. Whilst being supported with staff from Time Together this has never been a problem, their relative had been excited about going out with staff from the agency.

All staff received a minimum of four supervisions each year. Additional supervision sessions were provided if there was a developmental need or any other issues arose. This enabled management to review practices, discuss any issues and to check that skills and knowledge remained up to date.

The Mental Capacity Act 2005 provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. Deprivation of Liberty Safeguards (DoLS) are part of the MCA (Mental Capacity Act 2005) legislation. The legislation is designed to ensure that any decisions are made in people’s best interests. The manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. The training programme did not include this topic, however, the manager agreed to source this through the local authority.

We saw from care records that people, or their relatives, were involved in any decisions. Both parties were involved in discussions about the help and support required as appropriate.

We saw that information regarding people’s health needs was recorded. This was important as some people had long term conditions which required specialist support.

We saw that emergency contact details for people’s GP and other professionals involved in their care were recorded in their care records. Staff were able to support people in attending appointments if required and in some instances had visited people in hospital if they were admitted for

Is the service effective?

treatment or in as an emergency. Some people told us that support from staff went beyond the service they provided to their relatives, they also felt cared for and included in the relationship.

Is the service caring?

Our findings

The service was caring. People who used the service and their relatives told us they were happy with the staff and told us they all got on well together. Everyone we spoke with spoke positively about the service they received. People described the service as being ‘crucial to me.’

For those people who were being supported by the agency and did not have the capacity to make any decisions, their family members and health and social care professionals involved in their care made decisions for them, taking into account their ‘best interests.’ One relative told us, “The manager contacted me and wanted a full break down of what [name] needed, so that the care package was right and they could support [name] properly.”

All of the people we spoke with told us that staff were always on time and were extremely reliable. They told us that every member of staff stayed their allotted time. None of the people we spoke with had experienced any missed calls.

Staff we spoke with gave us good examples of how they were respectful of people’s privacy and how they maintained their dignity and promoted independence. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of injury. We spoke with one member of staff about their work and how they supported people and established relationships. The member of staff described to us how they formed meaningful relationships with people over time and developed a strong bond with the person and their family.

There was an internal advocacy process and people had access to other external agencies should they need advice or support.

Is the service responsive?

Our findings

The service was responsive. People told us, “I have nothing bad to say about the service, I am completely happy with it all.” One person told us, “The staff in the office are always pleasant when I contact them to discuss anything, I wouldn’t hesitate to contact the manager if I needed to sort something out. But usually I go through the member of staff; she is my first port of call.”

Each person had their needs assessed before any service was provided, to discuss the help and support needed. This included information about the person being supported and the other support mechanisms in place. When we spoke with staff they confirmed that they were fully aware of each person’s care needs prior to visiting and if there was to be a change to the team supporting the person, then introductory visits were arranged when possible. One member of staff told us, “We work to the care plan. Any changes to a person’s needs are recorded so that we all know what is happening. We also write about the support we have given so that the next person can read it and knows the most up to date position. We also discuss this with our team leaders.”

Discussions with staff confirmed that each individual had their own arrangements in place and a staff rota was provided to show who was working with who and with which client. We were told that the service tried to allocate a set staff group to people so that they got to know each other and build a trusting and effective relationship. We

were told that staff took some people out or they engaged them in activities in the home or attended the agency building to use the facilities. Work was progressing to the sensory room, which was being redecorated ready for new equipment to be fitted. The kitchen area was also going to be improved to include a larger area so that people could practice cooking and daily living skills to promote and maintain their independence.

We saw that care records were individual to the person being supported. We saw that they were regularly reviewed and updated. They included clear risk assessments so that risks to individuals could be minimised.

We asked people if their care plan was reviewed and if they received the support they required. Everyone we spoke with confirmed they had a care plan which was reviewed regularly and staff were clear they had to follow the plan.

None of the people we spoke with had made a complaint over the previous year, they all told us they knew how to make a complaint and would do so if they felt it necessary. Everyone said they would make contact with the manager to resolve any difficulties should they arise. Several people told us they had contacted the office on small issues and this had been dealt with without fuss. Everyone we spoke with was confident about contacting the office if necessary.

A safeguarding matter had been dealt with since the last inspection and the registered provider had dealt with this appropriately. Procedural changes had also been made to take account of the outcome.

Is the service well-led?

Our findings

The service was well-led. When we visited there was a manager in post who was in the process of becoming registered with the Care Quality Commission (CQC). During our visit when we spoke with the manager we found them to be knowledgeable about all the people receiving a service from the agency. People we spoke with confirmed that they knew who the manager was if they needed to contact the agency. The management team had been expanded to include two team leaders and two senior support workers. This meant the senior team could share the responsibilities of managing the service and provide additional support to the care workers who were employed.

People made positive comments about the agency and about the staff and support people received. People told us that they felt that the service operated in a way that enabled open, transparent and effective communication, and staff from the agency seemed to know what was expected of them. People told us that members of staff from the agency were all motivated, caring and committed. One person told us, "Time Together is a vital service and needs to be commended for its work." Another person told us their relative was 'in safe hands' when the staff from the agency were supporting them.

People we spoke with told us they had not filled in questionnaires or survey forms in the last two years, however, they did not feel this had hindered their views being heard. Everyone we spoke with felt that if they contacted the office their concerns would be addressed. The provider may wish to consider sending surveys to people who use the service, to ensure those people who wanted to remain anonymous had the opportunity to express their views.

Staff we spoke with told us they received good training and a good level of support from each other and the management team. Staff received regular support and advice from their managers via phone calls and face to face meetings. Staff told us they received supervision from their line managers and that they met regularly as a team. Staff told us the manager was approachable and kept them informed of any changes to the service provided or the

needs of the people they were supporting. One member of staff we spoke with said, "The training is really good now. The managers are very good and the support we get is very good. We offer a good service."

We found effective management systems were in place to ensure the service was well led.

There was a motivated staff team who were respectful towards one another and the people they supported. Staff morale was described as good. We found the ethos of the agency was that of an open and transparent culture. It was client led and prided itself on the focus it had making sure young adults were getting the best they could out of their lives. Staff we spoke with were clear about any concerns they may have and about who they could talk to. They told us that if they had any concerns they would talk with the manager or a team leader.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. There was also a quality assurance process which included the auditing of financial transactions, care recording and maintenance of the building. The policies and procedures manual was being reviewed and the manager was linking the new documentation to the latest CQC guidance and associated legislation.

We saw from records we looked at that staff meetings were held bi monthly, which gave staff opportunities to contribute to the running of the agency and discuss progress with each client they supported. We saw the minutes from the meeting agenda for March 2015 and that a variety of topics were discussed.

Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months.