

Time2Care (Barnet) Ltd

# Time2Care (Barnet) Ltd

## Inspection report



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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Time2Care (Barnet) Ltd is a care agency providing personal care and support to people living in their own homes. At the time of the inspection the service was providing personal care to eight people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks to people's health and safety were not always assessed. However, staff knew how to support people to keep them safe.

Incidents that occurred placing people at risk of harm were not always recorded and did not always prompt a review of people's care needs.

People's needs were assessed before the service provided them with care or support. However these did not provide enough guidance to staff. Staff had not received the required training to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People felt safe and trusted staff. Staff had received training to recognise and report signs of abuse. People were supported by a small and consistent staff team who they felt comfortable with. Safe recruitment processes were in place.

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.

People told us staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People were involved in reviewing their care and felt staff were responsive to their changing needs.

Systems and processes were in place to monitor the quality of the service, and to seek the views of the people who used it. However, these processes had not identified the issues highlighted during this inspection.

The registered manager was open and transparent and promoted a person-centred culture within the service.

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

#### Rating at last inspection

This service was registered with us on 5 December 2016 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service was unrated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 safe.

Details are below in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not 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 not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Time2Care (Barnet) Ltd

## 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

This inspection was carried out by one inspector.

#### Service and service type

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 and the provider 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 September 2021. We met with the registered manager on 02 November 2021 to provide feedback.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and a further three peoples relatives. We spoke with two staff and the registered manager.

We reviewed a range of records. This included three people's care records. We looked at a variety of records in relation to the management of the service, including policies and procedures, audit tools and training plans.

After the inspection

After the inspection we reviewed care records and sought clarification from the registered manager to validate evidence found.

# 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

- People and relatives told us they felt risks were safely managed. One relative said, "Staff always talk to us about anything they see or are concerned about. Like any signs of swelling on the legs, we talk about it and call a doctor."
- Staff told us how they supported people safely. However, people's individual identified risks though were not always formally assessed. For example, one person's skin was regularly sore and blistered. We saw the same for areas such as risk of falls, using the hoist for transfers and supporting people living with dementia. This lack of formal assessment meant people were at risk of receiving unsafe or unplanned care.
- The registered manager carried out assessments of the home environment to ensure care could be safely provided. Fire safety assessments were completed alongside checks of the equipment used to support people.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Lessons learned were not formally embedded within the team culture. Staff told us where they discussed incidents and reflected on their practise, however this was discussed between carers and not led by the registered manager. This meant that areas of improvement were not considered to ensure best practise, such as additional training or supervision.
- People told us they felt safe. One person said, "I feel completely safe, any problems I'll contact [registered manager] we're very fortunate to have the same two carers every time." All people and relatives said the care felt safe because it was provided by regular staff who they trusted and who had a good understanding of their needs and preferences.
- Staff received training and explained the process for reporting concerns.

### Staffing and recruitment

- People were supported by regular staff. One relative told us, "Staff always stay the time, sometimes they'll go a bit over because they don't want to rush [person]. There haven't been any missed calls." One person said, "We have had the same two carers for every visit, the only change is when one is off, it never feels like they're struggling."
- People and relatives told us when staff had been late they had been informed of the delay. The provider had reviewed their staffing levels and was at the time not taking on new packages of care as they had found recruitment difficult. The registered manager told us they would only bring in new care packages when they had recruited to ensure they could maintain the staffing consistency.

- Staff were recruited safely and appropriate pre-employment checks in place.

#### Using medicines safely

- Medicines were not managed or administered by staff.
- Staff were trained on how to administer medicines before carrying out this duty. They demonstrated an understanding of people's medicines and understood when "as required" medicines should be administered.

#### Preventing and controlling infection

- Staff had completed training about infection prevention and control and how to safely put on and remove personal protective equipment [PPE].
- People told us staff used PPE when providing care and were practical maintained social distancing rules.
- Regular COVID-19 testing was in place for staff and procedures were in place to manage safely any potential outbreaks.
- The provider's infection prevention and control policy was up to date.



# 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.

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

- People's needs had been assessed prior to starting with the service. Assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication.
- However care plans were not developed from the assessment that identified people's care or support needs. For example, around supporting people with dementia or skin integrity. The registered manager told us they only completed risk assessments for the areas of care they provided, such as personal care or moving and handling. This meant staff did not have clear guidance in how to support people following best practise.

Staff support: induction, training, skills and experience

- Staff had been provided with an induction when they started working. This induction covered core areas such as safeguarding, mental capacity and equality and dignity alongside ensuring staff were competent in using equipment to transfer people safely. However key areas such as first aid, basic life support, person centred care and incident reporting had not been provided as required. The registered manager told us they were aware these areas were required and were organising training in these areas.
- However, staff also told us that although they had specific interests in areas such as dementia, they had not been support to develop an enhanced level of knowledge. The registered manager had identified this as an area for improvement. During this inspection they contacted a local training provider and were in the process of organising higher level training.
- Staff were supported by the registered manager with regular supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate. One relative said, "If they think something needs looking at, they always do tell me, even the tiniest thing like a bruise, they tell me. I feel I can ask them too, we talk about if [person] should see a doctor and if they do then the four of us speak to the doctor together."

- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided. However, where care was shared with a separate care provider, information about changes to a person's health needs were not shared. The registered manager immediately took action to ensure information between the two organisations was shared when needs changed.
- We saw from records that staff worked co-operatively with relatives and other health and social care professionals such as GPs and Community Nurses.

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

- Care plans did not include information about people's specific dietary needs and meal preferences where staff prepared people's meals. Although this had not caused harm to people, there was a risk that staff may not be aware of allergens or specially modified diets.
- People were able to communicate to staff their meal preferences or if there were things, they could not eat and were happy with the support they received.
- Staff told us they would always offer to provide a drink or something to eat to people whether this was part of their care plan.

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 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 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

- At the time of the inspection no person was considered to lack capacity to make their own decisions. Staff had however received training in relation to mental capacity.
- Staff demonstrated a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

# 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

- People and relatives told us staff were caring, kind and treated them well. One person said, "I can't praise them enough. I feel they really do care, that I matter to them, it's a very good relationship, all I have to do is ask for something and they do it."
- Every person and relative said they were pleased they had consistent care staff as this increased their confidence they would receive dignified care. One person told us, "They're all like daughters to me [the staff]."
- Staff described how they supported and respected people's needs, placing an emphasis on listening to people and delivering care in a manner that suited them. People and relatives feedback confirmed this approach.
- Staff had received equality and diversity training and told us they treated people as individuals and disregarded stereotypes. They told us they emphasised including people in their care and respected the differences between them. One relative told us, "We as a family feel very included, [person] is first and foremost in the carers minds. Although [person] can be difficult sometimes, the carers always treat them respectfully and listen to what [person] wants."

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- People were supported to make their own choices and decisions and to direct their care as they wished. People had formed close relationships with a consistent staff team which helped them feel their views mattered.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative said, "[Person] is comfortable now with the carers helping them. [Person] did find it hard to begin with, but over time, thanks to the dignified way the carers go about the job, [person] feel okay with them washing them."
- People told us they were supported to do as much for themselves as they were able. They told us staff protected their dignity during care tasks. One person said, "They seem to want to keep me happy, when I want to wash, they step back, they always listen to what I say."

# 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

- People received personalised care that was responsive to their needs. One person said, "I do feel it's me who makes the decisions every time, we have our routine but if I wanted it different, or a break, they'd listen."
- Although care plans were not recorded in a person-centred way, people and relatives said their care was personalised. They told us staff considered their preferences, likes and dislikes. One staff member explained how they used de-escalation techniques when a person became agitated and shared this practise with their colleagues and felt confident in responding positively when needed. However, this has not been included in the person's care plan.
- Staff were kept informed about changes in people's care and support through discussion among the staff team. The provider was in the process of implementing an electronic care system linked to their mobile phones. This would further help information about people's changing needs be available.
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible they had support from staff who knew and understood their needs and preferences.

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.

- All people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- As part of the assessment process staff assessed communication needs and recorded in the care plan if people required assistance.
- The provider told us they would provide information in other formats if this was required to support people, although it was not required at the time of inspection.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns or complaints with the provider. They told us they were confident if they raised a complaint it would be dealt with. One relative said, "We had one issue but when I spoke to the manager it was solved very quickly, it was easy and there was never a problem."
- The registered manager investigated and responded to complaints appropriately. However, they did not always document the outcome.

## End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives.
- Assessments regarding people's end of life wishes had not been carried out. Training at the time of the inspection was being provided to staff by the local authority. The registered manager acknowledged this as an area for improvement and said they would review people's end of life wishes.

# 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 Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although the provider had had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe, these were not always effective
- Care plans and risk assessments required developing for some identified areas of risk. Where care plans were developed, they required more details. The registered manager had identified through their quality assurance system that care plans were not person centred and were in the process of updating those. However, they were not aware of the need to have guidance in place for staff around areas such as skin integrity, challenging behaviour and dementia.
- Incidents that were reported to the manager were not always documented. Themes and trends around the types of incident or injury were not assessed to identify where improvements may be required. When an incident occurred, this did not trigger a formal review of the risk assessment.
- The provider did not have a system at the time in place which alerted them to calls which were late or missed. They were implementing an electronic monitoring application which would monitor staff in real time and alert them in future to any potential lateness or missed call. This would enable them to effectively monitor calls when fully embedded with staff trained in how to use the electronic system.
- Where staff had reported incidents such as bruising, skin integrity issues or delays in receiving personal care, we could not be assured these had been investigated and reported to CQC or the local authority. We saw examples where staff had reported to the registered manager incidents that required investigation, but records were not available to show what actions were taken.
- The registered manager did not demonstrate a robust knowledge of regulatory requirements, risk analysis and quality assurance. They had developed a service improvement plan from their findings. Their plan identified that daily records were not completed, and care plans lacked detail. They recorded that these actions were completed. Our inspection however identified several areas around recording that required improvement which the registered manager agreed. They told us they would engage with a local training provider for support.
- The service had not provided personal care from their date of registration and was made dormant until November 2020 when the provider informed CQC they were operating. They told us that they were aware at that time that development was needed of their care planning and training for staff. We found at this inspection that there were still improvements needed around these areas and enough improvement had

not been made.

- There were no recorded incidents which would have triggered the duty of candour, but the registered manager did not demonstrate to us an awareness and understanding of this requirement.

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

- The provider promoted a person-centred service. However more detail was needed in some care plans to capture this fully to ensure staff had sufficient guidance to consistently deliver person-centred care.
- Staff were positive about their roles and the support they received from the management of the service.
- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- During the inspection process the provider was responsive to feedback given and immediately made changes based on this. They showed a commitment to improvement in the service to meet people's needs and were seeking additional support to embed this.

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

- There were several ways for people and their relatives to make their views known, including regular telephone checks, spot checks, surveys and regular visits by the registered manager. People's feedback was acted upon and used to improve the quality of care provided.
- Staff told us they felt well supported and said the registered manager was approachable and supportive with any issues raised with them. A member of staff said, "[Registered manager] is amazing, they are understanding and is always at the end of the phone. They will drop everything and come and help us whenever we need it."
- The registered manager ensured that, where required, staff had reasonable adjustments to support them in their roles. Staff confirmed this and gave examples where they had been supported.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.
- The registered manager had formed a working link with a local training and support provider to help them develop their service. They had formed links with the local authority to access training for their staff and were developing community links to benefit people who used the service.