

Time to Shine Ltd

Time To Shine

Inspection report

10 Icknield Drive
Northampton
NN4 9YS

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12 September 2019

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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 ●

Summary of findings

Overall summary

About the service

Time to Shine is a domiciliary care agency providing supported living to people living in shared housing. At the time of inspection there were three people living together in one house, receiving personal care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

There was a registered manager at the service, they had been registered since June 2016. The registered manager promoted a positive culture where people were supported to explore their choices and build on their abilities. Staff were committed to improving the quality of people's lives.

Staff supported people to stay safe and understood their roles and responsibilities to safeguard people from the risk of harm.

People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. People's medicines were managed in a safe way.

People were actively supported to live a healthy lifestyle. People's health and well-being had been improved by the vigilance and actions of staff and the management team.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were supported to explore the world through sensory play. People's privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People with a disability or sensory loss had access to information in a form that met their individual needs and preferences.

People were encouraged to explore their abilities and gain new skills to be more independent.

People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and relatives were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training and support to enable them to meet people's needs and carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the 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.

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

Rating at last inspection

This service was registered with us on 10 June 2016 and this is the first inspection.

Why we inspected

This was a planned inspection based on registration. Although the provider had been registered with CQC since June 2016, there were periods of time where they were not providing personal care. The provider commenced providing personal care in March 2019.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led findings below.

Good ●

Time To Shine

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 was undertaken by one inspector on 9 and 12 September 2019.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We met with two people who used the service and observed their interactions with staff, one person was unable to communicate verbally about their care. We spoke with two relatives by telephone. We spoke with five members of staff including the registered manager, one manager and three care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. A relative told us, "I have no concerns." One member of staff said, "I would report anything that worried me to [registered manager], but I am not worried about anything here."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- The registered manager demonstrated a good knowledge of safeguarding vulnerable people. There had not been any incidents that required reporting to the local authority.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals and people's care plans informed staff how to provide care that mitigated these known risks. For example, people had been assessed for their mobility, travelling and behaviours that could put themselves at harm.
- Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to take positive risks. For example, one person had appointed themselves in charge of emptying the bins. They were supported by staff who facilitated this by ensuring they were safe.
- People had been supported to practice evacuating their home in the event of an emergency such as a fire.

Staffing and recruitment

- There were enough staff deployed to provide people with their care. All three people received one to one care during the day.
- Staffing was flexible to meet people's individual needs. For example, during a hospital stay, staff provided 24-hour care to ensure the person had someone familiar to them and they could meet their psychological and social needs.
- People received care from a regular group of staff who knew people well. The registered manager told us they took great care to employ staff who could build trusting relationships. One member of staff explained they were happy with new staff, they told us, "[Name of person using service] really warmed to [name of new staff]."
- Staff were employed for their skills to meet people's specific needs. For example, one member of staff had qualifications in play therapy, which they used to support people to explore their world.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- Staff used routine and encouragement to help maintain people's personal care regimes, taking time to include good mouth care. One person had disco lights in their bath to help promote a positive experience. One relative told us, "[Name] is always well cared for."

Using medicines safely

- People received their medicines as prescribed.
- Staff liaised closely with health professionals to provide detailed feedback about the impact of changes in prescribed medicines. This had enabled people to reduce some of their prescribed medicines and improve their quality of life. For example, one person used to be sleepy in the day, since reducing their medicines, they could now stay awake and enjoy activities.
- Staff supported people to take their medicines with foods they liked to encourage them to take their medicines. Staff made people aware they were taking their medicines. This had been agreed with their GP and people were compliant with their medicines.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines audits informed managers of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service.
- There was a strong learning culture. The managers and staff took time to discuss and reflect on issues when they occurred and involved staff in finding solutions.

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 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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences. The registered manager used a holistic assessment to understand people's needs.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example care of the management of epilepsy.
- Staff were encouraged and supported to study vocational qualifications.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager would also work alongside them to provide support.

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

- Staff knew people's dietary requirements and supported people to maintain a healthy weight.
- Staff encouraged people to vary their diet. For example, in the past one person would only eat soup. Staff had gradually introduced new foods, in doing so they discovered the person liked the taste of strong flavours and included these in their daily meals.
- Staff introduced structure for one person who had problems with knowing when to stop eating. The person was now able to be around food and was involved in their own shopping; their relationship with food was now more positive.
- Staff had training in food hygiene and supported people to purchase food and prepare balanced meals that met their dietary needs.

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

- People were supported to make healthier life choices such as diet and exercise. For example, taking regular exercise by walking. Staff included sensory activities to encourage movement, such as playing with

leaves in the park.

- Staff supported people to attend health appointments and referred people to their GP or other medical services promptly when they showed signs of illness.
- Staff advocated for people when they were in hospital. For example, staff could provide information about what was 'normal' for a person to help health professionals gauge their on-going condition.
- Staff ensured people received good after care following discharge from hospital. For example, staff were supporting one person to gain strength by providing additional snacks and allowing time and quiet to rest.
- People had hospital passports which provided detailed information for health professionals to better understand their needs whilst in hospital.
- People had been referred to and had appointments at the 'special needs' dentist'. Staff were practicing shining a torch in mouth to get accustomed to this, so it would be possible for the dentist to look into their mouths.

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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to makes choices.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future 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 received care from staff who knew them well. They had formed good relationships which people had responded positively to. One relative told us, "All the staff are lovely. [Name] is always happy to come home with us and go back, I can't praise them enough."
- Staff knew people well enough to understand what triggered people's anxieties. Staff supported people to complete the routines that were important to them, this enabled people to feel they could do activities as their anxieties were lessened. One member of staff told us, "[Name] enjoys our company."
- We observed people interacted positively with staff who they knew well. Staff were kind and considerate.
- Staff took pride in people's progress and spoke positively about the people they cared for. Staff were genuinely pleased about people's achievements and how they had progressed in the last six months.
- Staff referred to people in their care notes in a respectful and inclusive way.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People and where appropriate, their families were involved in the planning of their care. People's care plans clearly showed how people preferred to receive their care. For example, one person's plan clearly stated they enjoyed routine, which staff facilitated.
- Staff knew people well enough to know what their behaviours meant. For example, one person would show staff their shoes if they wanted to go out, or their bag if they wanted to see their parents. Staff told us this was important to know what was on their mind, so they could support them.
- The provider used an advocacy service. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person's plan showed how it was important they received personal care from staff they knew well. This person had a regular staff team. One member of staff told us, "[Name] has their own bathroom, this is important to them."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 and where appropriate, their relatives had been involved in creating and updating their care plans. For example, one person's very detailed plan was developed with the person and their parent.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. A relative told us, "I am happy with the care [Name] is receiving."
- Staff were knowledgeable about what was important to each person. For example, one person liked to be involved in family birthdays.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's individual needs, likes and dislikes. For example, one person could not communicate verbally. They relied on their senses to understand their surroundings. Staff used sensory toys, bubbles, sand, water and games that refracted the light to help them to experience the world around them and provide them with stimulation. They particularly enjoyed noise; staff supported them to use their headphones through which they could hear white noise.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to set and achieve life goals. For example, one person had an interest in lorries, staff facilitated them to join a lorry fan club and visit a large lorry depot.
- People were encouraged to take part in activities they enjoyed. For example, one person took great pleasure in ripping paper. Staff ensured they had a good supply of magazines and catalogues. They also supported the person to recycle the paper when they had finished.
- People were supported to maintain their relationships with their families. Staff recorded what people had been doing in photographs which were shared with families. This helped families talk about people's experiences with them and demonstrated people's progress with new skills.

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.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- People's individual preferred communication needs were assessed and met. For example, the service user guide was available in alternative formats, including large print, easy read (including pictures), audio version

and on various coloured paper upon request.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint. One relative said, "I have no complaints, I would contact [registered manager] if I had."
- One person who could speak for themselves had the opportunity to raise their concerns verbally with staff and managers daily. Staff looked for signs of discontent from people who could not communicate verbally to identify if they were unhappy.
- The provider's complaints procedure set out the timescales for response to any complaints and who to refer to if people were unhappy with the response to their complaint.

End of life care and support

- The provider had used existing knowledge of people's preferences to create end of life care plans; some people were unable to verbalise their thoughts and opinions due to their disabilities. Staff had recorded what was important to people and ensured people's preferences were followed when they were unwell.

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.

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

- The registered manager promoted person centred care in all aspects of the service. The registered manager told us, "We are very hands on, we all feel invested in the organisation. All the staff are very good and committed to people receiving care."
- People were supported to make positive changes to their lives and maintain their family relationships. One member of staff told us, "They [registered manager] have done a nice job, I am proud to work here."
- The service continually looked for ways to improve care. When talking about two people who no longer had restrictions with food, the registered manager told us, "I am proud we are supporting personal choices and constantly trying to offer choice. We are not agreeing with assumptions. We push boundaries with the [people using the service]. We are a close-knit team, people see familiar faces, and people respond. Having the same team is a strength and provides people with new opportunities."
- Staff told us they were happy working at the service. A member of staff said, "There is a lot of clear communication, the service runs like clockwork."
- People benefited from the open culture within the service where everyone had the opportunity to have their say and contribute to the service.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff and the management team worked together to understand what led to incidents and take actions to improve the service. The registered manager welcomed all feedback and used a problem-solving approach to resolving issues.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were empowered to suggest ideas at team meetings. Some of the suggestions had been used such as supporting one person to manage their time. This had led to the person sleeping well and staying awake all day.
- People's families were asked for their feedback about the service. All the feedback was positive, one family had written, "We are very pleased with the care Time to Shine give [Name] and the commitment to the staff. [Name] is very settled in the placement."
- People's equality characteristics were considered when sharing information, accessing care and activities.
- The registered manager worked well with commissioners and people's GPs.