

Time Together

# Time Together

## Inspection report

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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

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 to 12 people who had a learning disability, autistic spectrum disorder or a physical disability. The agency operates from a 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 into the service and limited parking alongside the office. However, there is also on street parking nearby.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and well supported by the support workers from the agency. The registered provider followed robust recruitment checks, to employ suitable support workers, and there continued to be sufficient support workers employed to ensure home visits were carried out in a timely way. People's medicines were managed safely.

Support workers received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and how to protect people from the risk of harm. Support workers received regular supervision to fulfil their roles effectively, and had yearly appraisals to monitor their work performance.

People were supported to have choice and control of their lives and the agency workers supported them in the least restrictive way possible; the policies and systems in the agency supported this practice.

Where relevant to people's needs, support workers helped people understand about health eating, budgeting and grocery shopping. People who used the agency said the support workers help them develop 'daily living skills', which enabled them to be more independent. Where support workers prepared and cooked meals for people, people told us they enjoyed good food.

Support workers knew about people's individual care needs and care plans were person-centred and detailed. People and their relatives gave us positive feedback about the support workers and described them as "Excellent, caring and knowledgeable." We were told the support workers treated people who used the service with compassion, dignity and respect.

People told us that the agency was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and support workers were asked for their views and their suggestions were used to continuously improve the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 checked whether the registered 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.

This comprehensive inspection took place on 5 April 2017 and it was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one adult social care inspector.

Prior to our inspection we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We asked the registered provider to submit a provider information return (PIR), but they had some information technology (IT) difficulties submitting the information to the Commission and this had been noted on our system. We were provided with a copy of the information. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager, two team leaders and two support workers. We visited six people who used the service and three relatives who said they would be happy to meet and speak with us. Following our inspection we received further comments from another two relatives.

We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where support workers were responsible for administering medicines. We also looked at a selection of documentation in relation to the management and running of the agency. This included quality assurance information, audits, recruitment information for two members of staff, staff training records, policies and procedures, complaints and staff rotas.

# Is the service safe?

## Our findings

People who used the service said they felt safe, confident and happy when being supported by support workers from the agency. One person told us, "Without the support workers I would not have the means to be independent. They take me out shopping and around town. We have discussed risk assessments and the use of my wheelchair, which means we go a longer route with less inclines to ensure myself and the support workers remain safe."

Support workers received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. Support workers told us they would have no problem discussing any concerns with the registered manager and were confident any issues they raised would be dealt with immediately. There was written information around the agency about safeguarding and how people could report any safeguarding concerns. There had been no safeguarding alerts or whistle blowing notifications raised in relation to the agency in the last 12 months.

Each support worker was given a copy of the Time Together staff handbook. This contained information relating to key policies and procedures, such as health and safety, whistleblowing, first aid, fire safety, medicine management, personal care, safeguarding adults and children. Support workers told us they felt their safety at work was important to the agency. One support worker told us, "When you finish your shift at 22:00 you text the office number and they always respond. This is just part of their support network for staff."

The agency employed 25 support workers and each week they had their own 'time sheet' printed off with the times and dates of visits to be carried out. The normal operating hours for the agency was from 07:30 to 22:00 although people who used the service and support workers had an 'out of office hours' emergency contact. People who used the service and relatives told us that the support workers were always on time. If agency staff were running late then the office would contact them and let them know. One relative told us, "The agency and the support workers are extremely reliable and the support given is excellent."

There were risk assessments in place that recorded how identified risks should be managed by support workers. These included the environment and any risks due to the health and support needs of the person. The risk assessments had been updated on a regular basis to ensure that the information available to support workers was correct. Accidents and incidents were recorded, analysed each month and were audited to identify any patterns that might be emerging or improvements that needed to be made.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These checks included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

The arrangements for managing people's medicines were safe. Support workers received training to handle medicines, and the medicine administration records (MARs) we reviewed were correctly completed. The

registered manager or one of the two team leaders carried out a monthly audit of the medicines and stock checks were completed by the team leaders to ensure safe practices were being followed. One person who used the agency told us how medicine management worked for them. They said support workers ordered and picked up their medicines and these were always administered on time and as prescribed.

We looked at the finance sheets for one person whom the agency supported with money matters. Receipts were attached each week and were numbered and cross referenced to the sheet. Amounts 'out, spent and in' were recorded together with the sheet balance and tin balance. Individual transactions were signed by one member of the agency staff as the person who used the service was unable to sign. Each week the transactions were checked and countersigned by a team leader. We spoke with the individual who confirmed they withdrew their own monies from the bank and that they held their own monies, but support workers gave them assistance with daily transactions if needed.

# Is the service effective?

## Our findings

People who used the agency and their relatives were extremely positive about the support and care they received. Relatives said, "I cannot fault the support workers. Their knowledge and understanding of people with learning disabilities and autism is fantastic and really makes a difference. I can relax knowing that [Name of relative using the agency] is safe and well looked after" and "Support workers are extremely good at communicating with my family member. [Name's] moods can be very up and down, but the support workers take it all in their stride. [Name] loves going out with them." One family told us, "Without the benefit of Time Togethers' good work each week, our life would become intolerable and so, no doubt would our relative's."

We spoke with one person who had limited verbal communication skills. However, when we mentioned the support workers and the activities they did with the person we were rewarded with a big smile and they said they had "Fun."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that training was provided for support workers on the MCA. Support workers we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided. At the time of our inspection no one who used the service was deprived of their liberty.

There was a robust induction and training programme in place for all support workers. Those who were new to the caring profession were also required to complete the Care Certificate; this ensured that new support workers received a standardised induction in line with national standards.

Support workers had access to a range of training deemed by the registered provider as 'essential'. Support workers told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding adults and children and moving and handling. Records showed some support workers had participated in additional training including topics such as learning disabilities, autism awareness, epilepsy, managing challenging behaviour, diversity and equality, deprivation of liberty safeguards and MCA. One support worker said, "I was not sure that care work was for me when I first started, but since doing my training my confidence has increased and the support from the agency is really good. I really enjoy my job and look forward to learning more as time goes by."

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its

staff. Support workers we spoke with were positive about their supervisions saying, "We have regular supervisions about every three months. These are a two-way process where we can discuss any problems or issues we might have and we get feedback on our performance." Support workers also told us, "We are never asked to support a person whom we have not already met. We can shadow other support workers until we are comfortable working with the person using the agency. Sometimes workers and people do not hit it off, and we are able to ask for a change. This does not happen very often as the agency try hard to fit support workers to people." The registered manager said appraisals were introduced in 2016 and would be completed every year. Copies of supervisions and appraisals were made available to us for inspection.

Emergency contact details for people's GPs and other professionals involved in their care were recorded in their care records. Staff supported people to attend appointments if required and completed information forms for their care file if people's care or treatment changed and they were unable to pass this information on themselves to others inputting to their care.

One person who used the service told us, "The support workers are great. There are good methods of communication with the office so if I need to change anything they listen to me and sort it out. I really enjoy my time out with the support workers and they also help me with meal preparation and cooking. Sometimes they make me a meal and the food they make is really good." One relative said, "The agency has been key in supporting [Name] with their daily living skills, so much so that I don't think they could maintain their independence safely without them. They have taught them about healthy eating, budgeting and take them food shopping. Their diet has improved and they are maintaining a healthy weight now. "



# Is the service caring?

## Our findings

People who spoke with us were very satisfied with the care and support they received from their support workers and made a number of very positive comments. People said, "I like having them [support workers] around me, we can have a laugh and a joke" and "I have lots of fun when we go out. I look forward to them coming." Relatives told us, "The regular support workers have built up a marvellous rapport of support and friendship with our relative who receives the service. This in itself is difficult to achieve as our relative struggles to socialise in groups and make close friends outside of our family."

People who used the agency were supported by a small team of support workers who covered each other for leave or sickness. This meant people received a continuity of care from support workers who they knew and trusted. Our observations showed that this was important to people as some of the people we met were a little withdrawn on meeting us as they did not know much about us. However, when they saw the support workers they were smiling, laughing and very much at ease.

The agency went out of their way to make things as easy as possible for people to relax and have a good time with their support workers. One family member told us, "The agency office let me know a week in advance which support workers are coming to support my relative. This means I can let my relative know in plenty of time as they find it difficult to manage last minute changes. They look forward to going out on a weekend and not having the person they expect to support them can upset them and ruin their day."

Relatives had confidence in the support workers and said, "The agency is really great as the support workers understand learning disability needs and abilities. They show patience and compassion when taking people out and understand what is important to keep people safe when out and about in the community and in their own homes." Support workers we spoke with understood the importance of supporting people to make decisions and respecting people's choices. They described how they supported people to be independent and said that supporting people to make their own decisions was part of this.

We observed different support workers encouraging people to take part in activities and tasks within their own homes. Through discussions they were able to tell us about people's support needs and the potential risks to their well being. The support workers told us how they responded to emergencies such as people having seizures when out in public and this confirmed they had the knowledge and skills to meet people's needs.

People and their relatives had heard about the service through friends or attendance at day care services. The registered manager told us that the majority of funding came from direct care payments. People who used the service explained that they were involved in setting up their package of care to ensure it met their requirements and their wishes and views were listened to during this process. This showed us that people who used the service were supported to be in control and make decisions about their care and support.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with support workers indicated they had received training on this subject and understood how it

related to their working role. People told us that support workers treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

People said they were treated with compassion, dignity and respect. People and their relatives confirmed to us that support workers addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company. We saw that the care files contained instructions for the support workers about respecting privacy and dignity. For example, one care plan told support workers to ensure the person's catheter bag was secure and out of sight beneath their clothing when taking them out in the community.

## Is the service responsive?

### Our findings

People and their relatives told us the agency was responsive to their needs and went out of their way to assist them with any problems or changes to care and support that they might require. The registered manager told us that they constantly monitored the input from the support workers and used feedback from reviews to reassess the current care packages.

A needs assessment had been carried out to identify each person's support needs, and support plans had been developed outlining how these needs were to be met. People who used the agency told us there were few or no restrictions on their daily life, although risk assessments had been completed and support plans were in place to make sure people stayed safe and well.

We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date. One relative told us, "I can relax knowing the support workers are with [Name]. The support workers make sure they are safe and encourage them to make good decisions on a day-to-day basis."

There were good communication links between the different support workers and the agency office. Each support worker was issued with a mobile phone as part of the agency's lone worker policy. Private messenger groups had been set up on the phones so the agency staff could leave notes for other support workers coming on duty, therefore keeping them up to date with any changes to care or support needs. Support workers also spoke to us about recording in the care files and completing the daily record sheets, so that there was an up to date record of support given to people who used the service. Support workers told us, "We also discuss information at our monthly team meetings, which means everyone knows what is going on."

From discussions with the registered manager, team leaders and support workers we understood that one of the main focuses of the agency was to enable people who used the agency to participate in activities and social events in the local community. The agency also had a large activity room at its office site which offered people a meeting place and activity centre including a sensory room. We saw that the agency facilities included a kitchen area where people could practice their cooking skills and people were able to 'drop-in' and spend time with their friends.

The registered provider had a policy and procedure in place providing details about how they managed and responded to complaints about the service provided. We saw that details about the registered provider's complaints procedure was kept in people's care files in their own homes and a copy was on display in the entrance hall of the office site.

There had been two complaints made in the last 12 months, both had been investigated by the registered manager, responded to and resolved. Where necessary the registered manager had completed disciplinary procedures with support workers as part of the outcome of their investigations. This demonstrated to us that the registered provider took all complaints seriously and followed their policies and procedures

effectively.

People and relatives we spoke with had no complaints about the service. They told us, "We can speak to the registered manager or one of the team leaders at any time if we have a problem. They listen to you and take action quickly to resolve your issues. "

# Is the service well-led?

## Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility of meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by January 2017. Discussion with the registered manager indicated that they had experienced IT problems when trying to return the data to CQC. They had notified CQC about the issue and it was recorded on our systems. We were provided with a copy of the information prior to our inspection. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service. Those who responded to us expressed no concerns about the agency.

People who used the service and their relatives said the culture of the service was open and transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People said, "I think the service is well managed" and "The registered manager is very approachable." One relative told us, "The service has improved and developed over the last two years. It is going from strength to strength." Other relatives said, "The registered manager and their team are very supportive to us and particularly helpful at such times as when we have to fill in all the monetary and health forms. All in all, if we were marking this service with stars out of 10 we would readily give them the maximum."

We were able to meet with one of the charity trustees. They spoke about the regular meetings they had with the registered manager to discuss the progress of the agency. Each meeting had an agenda and overview of the service including its financial situation. The trustees also carried out focus groups with the support workers to obtain their opinions of the agency. The support workers told us how the registered manager involved them in discussions about how the charity worked, how the finances received were used to support the agency and how valuable their input was regarding fund raising and promoting the reputation of the agency in the community.

Our observations of the agency workforce indicated that they were all motivated to support people to the best of their abilities, they were caring, patient and kind with people who used the service. Their discussions with us showed they had good insight into what people wanted from the agency and how to achieve this. One person who used the service said, "I don't know what I would do without the agency. It has been, and continues to be, an essential life-line for me."

The registered manager told us that feedback from people who used the service, relatives and support workers was obtained through care reviews, day-to-day business and monthly staff meetings. Work was on-going to develop a business plan that included the gathering of people's and relative's view points of the service. The registered manager told us that they wrote or spoke face-to-face with people about any changes happening with the agency and this was confirmed by the people we met and spoke with during the inspection. The comments we received as part of this inspection were 100% positive about the agency.

Quality audits were undertaken to check that the systems in place at the service were being followed by support workers. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service. These were then used to make improvements.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.