

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Time Together is a domiciliary care agency providing personal care and support to people living in their own homes. The service specialises in supporting younger adults and older people with a learning disability or autistic spectrum disorder, mental health needs, a physical disability or sensory impairment.

Not everyone who used the service received support with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 13 people were receiving support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received kind and caring support to meet their needs. Staff knew people well and how best to support them.

Whilst people benefited from a very caring and person-centred service, issues with staffing levels had impacted on the time available for managers to monitor the service and address governance issues. Some supervisions and appraisals had not been completed. Care plans and risk assessments needed to be reviewed and updated to include more information about people's needs and risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Clear and complete records had not always been kept showing how people's mental capacity to consent to their care had been assessed or in relation to best interest decisions. We made a recommendation about documentation in relation to the Mental Capacity Act 2005.

The provider had a board of trustees, who met regularly to monitor and check how the registered manager managed the service. The provider needed to develop and strengthen this approach as their auditing and monitoring of the service had not identified and addressed the issues we found. Although this had not impacted on people's experience of using the service, the provider needed to improve how they monitored the service to make sure these problems did not start to affect people's care.

Staff were safely recruited and people praised the reliable staff who support them at the times they needed. Staff completed a training and shadowing to make sure they had the skills and knowledge to effectively

meet people's needs. Staff were trained to respond to any safeguarding concerns to help keep people who used the service safe. Medicines were managed and administered safely.

People were supported to make decisions and have control over their care and support. Staff promoted people's independence and supported people to take part in activities and do the things they enjoyed.

Staff respected people's privacy and supported them to maintain their dignity. Staff were carefully chosen to support individual people. Each person had their own team of familiar staff who knew them well. This helped people form meaningful relationships with the staff who supported them.

Staff understood people's communication needs and provided accessible information to help people make decisions. The registered manager was developing an accessible copy of the provider's complaints procedure. People felt able to speak with management if they needed to complain and praised the approachable and responsive way the registered manager dealt with any issue or concerns to improve the service.

There was a person-centred culture within the service. The registered manager was very approachable and responsive to feedback. They were committed to continually improving the service.

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

Rating at last inspection

The last rating for this service was good (published 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Time Together

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Time Together is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the CQC. A registered manager 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

The inspection was announced; we gave the provider 48 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available to speak with us when we visited.

Inspection activity started on 18 December 2019 and ended on 20 December 2019. We visited the office location on 19 and 20 December 2019.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to help plan our inspection.

The provider was not asked to complete a provider information return before 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 spoke with two people who used the service, seven people's relatives and received feedback from six health and social care professionals. We spoke with the registered manager, an assistant manager, two members of the provider's 'board of trustees' and three care workers.

We reviewed two people's care records in full and two people's in part, including their medication administration records and daily notes. We looked at two staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We continued to review evidence from the inspection and seek clarification from the provider 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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who understood their needs and risks to their safety. Staff provided proactive support to reduce risks and help keep people safe.
- People's needs and risks were identified and assessed. Some risk assessments, for example regarding people's health needs, would benefit from more information and the registered manager agreed to address this.
- Accidents and incidents were reported, recorded and monitored to make sure staff had responded safely and to identify any lessons that could be learned to prevent a reoccurrence.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Checks helped make sure staff were suitable to work with people who may be vulnerable.
- Management made sure suitable staff were matched with the people they supported. A relative said, "The new staff are very well selected, they have all been great."
- People were supported by reliable staff at the times they needed. Relatives told us, "They have never let us down" and "Staff are very good with visiting and if they do have a problem, they get someone else to come."
- There had been issues with staffing levels before our visit and some staff had worked long hours to make sure people's needs were met. The assistant manager had introduced a new system to help monitor and make sure enough staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who had been trained to identify and respond to any safeguarding concerns.
- The registered manager understood their responsibility to report any safeguarding concerns and worked with the local authority to investigate any allegations of abuse. A professional told us, "Staff have gone out of their way in crisis and safeguarding situations. They are very responsive and take responsibility for their clients."

Using medicines safely

- People were safely supported to take their prescribed medicines. Staff had been trained and their competency checked. The registered manager was introducing new annual medication competency checks to make sure staff kept up-to-date with good practice guidance.
- The registered manager understood the importance of monitoring people's medicines to make sure these were not overused.
- Regular audits had been used to continually monitor and make sure medicines were managed and

administered safely. Issues had been identified and addressed to help prevent a similar thing happening again.

Preventing and controlling infection

- People were supported in a way which reduced the risk of spreading infections; staff had training and used personal protective equipment such as gloves and aprons when supporting people.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People had been asked to sign their care plans to make sure they consented to the support provided.
- Staff explored issues around people's mental capacity to make decisions, but clear and complete records were not in place to show how people's mental capacity had been assessed or in relation to best interest decisions made.

We recommend the provider review good practice guidance in relation to the Mental Capacity Act 2005.

Staff support: induction, training, skills and experience

- People received effective care which met their needs. Staff completed a wide range of training to make sure they had the knowledge and skills needed to support people. A relative said, "I can't speak highly enough of how professional and caring the staff are at all times."
- New staff completed an induction and had the opportunity to shadow other staff to build their confidence and learn how to support people.
- Staff felt very supported by management. One member of staff explained, "If we have any issues at all we can just go to the management. There's never an occasion you are asking for something and it is not there. They are all very approachable."
- Some supervisions and appraisals had been completed, but these had not always been regularly recorded in line with the provider's own policy and procedure. The registered manager acknowledged this and explained plans in place to address this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's needs were assessed to make sure staff could support them safely. A member of staff said, "Management are really good at identifying clients we can best support based on our strengths."
- Staff worked with people and their families to plan and review the support provided. This helped make sure people's needs were met.
- Staff sought advice and guidance from professionals on how best to meet people's need and support them to stay healthy.

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

- People's needs were assessed and staff provided support when necessary to make sure they ate and drank enough to maintain a balanced diet.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 benefited from very kind and caring support from the staff who visited them. A relative said, "I always think how lucky we are to get such nice, able people with a caring mentality." A professional said, "The staff are very friendly, caring and helpful."
- People enjoyed spending time with the cheerful and friendly staff. They told us, "The staff are really, really easy to get on with. I like the way they look after me, they are very caring" and "The carers are brilliant, you can have a chat with them."
- People had developed meaningful relationships with the staff who supported them. Each person had a small team of staff who had been chosen to support them and knew them well. A professional said, "All the staff I have met have been caring and establish effective caring relationships with people."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful way. Staff understood the importance of maintaining people's privacy and provided careful and considerate support to meet their needs.
- People were encouraged to develop and maintain their independence. A person explained, "The staff keep me independent and living my life how I want to live it. I can do normal things; the staff are all very good."

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

- People felt in control of decisions about their care. They explained how staff helped them understand information and how this supported them to make decisions.
- People were encouraged to express their wishes and views; staff listened to people and responded to their requests to make sure the support provided met their needs.
- People's care plans included some information about how they communicated to guide staff on how to involve them in decision making.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 very person-centred care and support to meet their needs and improve their quality of life.
- Staff knew people well and had a very good understanding of their needs and how best to support them, taking into account their likes, dislikes and preferences. A relative told us, "The staff take great care in understanding people, they are a very reliable and competent team."
- Care plans contained some person-centred information to guide good practice, and new staff shadowed other workers to get to know people and learn how best to support them to meet their needs and preferences.
- Some care plans needed to be reviewed and updated and the registered manager agreed to address this.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and to follow their hobbies and interests. A relative explained, "We feel really blessed that [Name] has Time Together. Without them, they would have had a much lonelier and much less rich life."
- The provider organised a number of clubs and events at their 'activities centre'. These provided regular opportunities for people to socialise and try new things.
- The activities centre was a welcoming and engaging environment and included a sensory room and an interactive projector which people used and enjoyed.

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 registered manager understood the need to provide accessible information for people. For example, they provided large print versions of people's rotas.
- Plans were in place to develop an easy-read version of the provider's complaints procedure to make sure this was accessible for everyone.

Improving care quality in response to complaints or concerns

- People felt confident they could raise issues or concerns and these would be addressed. A relative explained, "If I am not happy about something they listen. They are so professional you don't worry about it."

They have been the most open company we have had. If something has gone wrong they listen and then correct the problem."

- The provider had a complaints procedure setting out how they would manage and respond to any complaints about the service.

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to 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 care.

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

- We could not be certain people would always receive good care. The provider's audits and monitoring of the service had not identified the issues we found during the inspection.
- Problems with staffing levels had impacted on the time available for managers to monitor the service.
- The registered manager had been open about these problems at the start of the inspection and explained the actions taken to address these concerns. They had prioritised work to make sure staffing problems did not impact on people's experience of using the service, but this had resulted in gaps in records and governance issues.
- Regular supervisions and annual appraisals had not been completed in line with the provider's own policy and procedure.
- Clear records were not always in place to show how people's mental capacity had been assessed or best interest decisions made. Some care plans and risk assessments needed to be reviewed and updated.
- The registered manager explained new staff had been recruited and the assistant manager had developed a new system to help monitor and make sure staffing levels would be sufficient in future.
- The provider was introducing electronic care records and updating all care plans as part of this process. The registered manager explained how the new system would help management better monitor record keeping in future.

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

- People's care was planned and delivered in a person-centred way. A professional told us, "[Registered manager's name] is an effective leader in my experience. They take great care to recognise the individual needs and vulnerabilities of clients and endeavours to make sure their needs are met."
- People praised the open culture and clear communication. Staff felt able to make suggestions and that they were encouraged and supported to provide person-centred care which achieved good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to investigate issues or concerns and be open, honest and apologise to people if things went wrong.

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

- Management worked closely with people, professionals and relatives to continually improve the service. A relative said, "The management are lovely. They are on the ball, and if you have got any problem you can go to them and they will sort it out or put you in touch with someone else who can help."
- Feedback was encouraged and welcomed. The registered manager was responsive to feedback and committed to continually learning, developing and improving the care provided. A member of staff explained, "They are looking at ways to improve the organisation all the time, to provide opportunities for our clients."