# Time to Care Specialist Support Services Limited

# The Bungalow

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Not sufficient evidence to rate |
| Is the service safe? | Not sufficient evidence to rate |
| Is the service effective? | Not sufficient evidence to rate |
| Is the service caring? | Not sufficient evidence to rate |
| Is the service responsive? | Not sufficient evidence to rate |
| Is the service well-led? | Not sufficient evidence to rate |

## Overall summary

This inspection took place on 14 May 2015 and was announced. We announced the inspection because the person who used the service was sometimes out in the local community. We needed to be sure that the person and the registered manager would be there at the time of the inspection.

There had been a change in legal entity of the provider. The previous provider, "Stephen & Claire Clark" was a partnership. They had been operating the organisation for 15 years. In January 2014 two new directors joined the partnership and they applied to register as a new provider, since they were now a limited company. They had been trying to register the new provider since January 2014. We had rejected their applications however, because they had either been incorrectly completed or because certain checks had expired due to the delays involved. We recently approved the new provider application in March 2015 for "Time to Care Specialist Support Services." This is our first inspection of the service under the new legal entity.

# Summary of findings

The provider, Time to Care Specialist Support Services has two services; a care home, "Ashington 1" and a supported living service, "The Bungalow." We inspected the Bungalow at the same time as Ashington 1. The same staff were used across both services and the same management structure was in place. Our findings for the Ashington1 service are discussed in a separate report.

The Bungalow provides personal care for one adult who lives in his own rented property in the Newcastle area. We have not included detailed examples of the care and support provided to ensure we do not identify the person using the service.

Due to the size of the service and the recent change in legal entity, we have decided not to rate the service. We did not identify any breaches during the inspection. However, there were certain areas where improvements were required, such as governance of the service.

There were systems in place to help reduce the risk of abuse. Safeguarding procedures were in place. In addition, risk assessments were documented which covered a range of areas such as accessing the local community and behaviour management.

Staff confirmed that relevant recruitment checks had been carried out before they started work. We found, however that evidence of certain pre-employment checks, which had been carried out by the previous provider for two staff, was not available. The registered manager was in the process of renewing DBS checks for all staff that had been employed prior to 2014.

One to one support was provided throughout the day. There was a sleep-in member of staff who would wake up if assistance was required during the night. The same staff were used for both the provider's services.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). It was unclear what legal framework was in place with regards to this person's care. Following our inspection the manager informed us that she had contacted the local authority's best interests assessors and deprivation of liberty team for advice.

The type of service provided was a 'Supported Living' service. Supported living is where people have their own tenancies and live with support in their own homes in the community.

Staff informed us that they encouraged the person to be as independent as possible. We found however, that there were some inconsistencies in staff support. We checked the person's care plans and noted that these did not always specify what actions staff should take to encourage the person's independence and ensure a consistent approach was taken. The manager told us that she had also identified this as an issue and had organised a staff meeting where care planning and promoting independence would be discussed.

The registered manager acknowledged that because of the small size of the organisation there was a need for improvement in the development of governance systems, particularly if suggested plans for organisational expansion were to materialise. There were some systems operational to monitor the quality of care including individual monthly reviews of the person's care. The registered manager informed us that the governance systems were evolving to ensure that effective processes were in place.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

**Not sufficient evidence to rate**

The person told us he felt safe with staff who supported them.

There were safeguarding policies and procedures in place. Staff demonstrated a clear understanding of the action they would take if they had any concerns about the care and treatment of the person.

Staff confirmed that relevant recruitment checks had been carried out before they started work. We found that evidence of certain pre-employment checks, which had been carried out by the previous provider for two staff, was not available. The registered manager was in the process of renewing DBS checks for all staff that had been employed prior to 2014.

**Is the service effective?**

**Not sufficient evidence to rate**

Staff informed us that training was available. A plan for supervision and appraisals was now in place and staff confirmed that supervision sessions had commenced.

The person chose not to assist staff with the preparation of meals. He told us his dietary likes and dislikes were taken into account.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). It was unclear what legal framework was in place with regards to this person's care. Following our inspection the manager informed us that she had contacted the local authority's best interests assessors and deprivation of liberty team for advice.

**Is the service caring?**

**Not sufficient evidence to rate**

The person told us that most staff were caring. We visited the person at their home and saw that the staff member on duty interacted well with the individual.

We observed the staff member promoted the person's privacy and dignity and spoke with the individual in a respectful manner.

The manager informed us that the person was not currently accessing any form of advocacy. She told us the person regularly saw his family for support. Advocates can represent the views and wishes for people who are not able express their views effectively.

**Is the service responsive?**

**Not sufficient evidence to rate**

The person told us that "most" staff were responsive to his needs. He explained that one staff member was not as responsive as other staff.

Staff informed us that they encouraged the person to be as independent as possible. We found however, that there were some

# Summary of findings

inconsistencies in staff support. We checked the person's care plans and noted that these did not always specify what actions staff should take to encourage the person's independence and ensure a consistent approach was taken.

A complaints procedure was in place. No formal complaints had been received. The person had completed a questionnaire to provide feedback on the service. We found that surveys were not yet carried out to obtain the views of relatives and health and social care professionals.

**Is the service well-led?**

**Not sufficient evidence to rate**

Staff informed us that they enjoyed working at the service. The nominated individual and manager were very open and transparent during the inspection.

We found that effective quality assurance systems were not fully in place. We noted that a clear strategic approach to training had not been developed. The manager informed us that governance systems were evolving.

The registered manager told us that she considered that her leadership style promoted open two-way communication. There was evidence of staff meetings. In addition, the person was regularly consulted about the service.

# The Bungalow

**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 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.

The inspection team consisted of one adult social care inspector and a specialist advisor in governance.

We visited the service and spoke with the person who was accessing the support.We also contacted a member of staff from the local NHS Trust's behaviour and intervention team and a social worker. However, both informed us that they were no longer involved in the person's care.

We spoke with the nominated individual; registered manager; three care workers and the administrator. A nominated individual has responsibility for supervising the way that the regulated activity is managed. We also consulted a member of the local authority's commissioning team and safeguarding officer.

We spent time looking around the premises and reviewed a range of information which was stored on a computer system at the service. This included the person's care records and accidents and incident records. We also visited the service's head office and examined information relating to the management of the service; including five recruitment and training records for staff and a range of audits, safety documents and management records.

Not sufficient evidence to rate

# Is the service safe?

## Our findings

We asked the person, "Do you feel safe here?" The person replied "Yes."

There were safeguarding policies and procedures in place. The provider said there were no ongoing safeguarding concerns and this was confirmed by the local authority safeguarding officer. Staff demonstrated a clear understanding of the action they would take if they had any concerns about the care and treatment of the person. This included an understanding of the whistle blowing policy.

Risk assessments were in place which covered a range of areas such as accessing the local community and behaviour management. Information was available for staff to ensure they were aware of the actions to take to reduce the identified risks. We noted that accidents and incidents were documented and reported. No concerns were noted.

We read that "staff" were appointee for the person's finances. An appointee is an individual or organisation that oversees the benefits/ monetary accounts of a vulnerable person who cannot manage the task on their own. Although this situation is acceptable, it is not based on best practice, because of the risks involved through staff having direct management of a person's finances. We spoke with the registered manager about this issue. She told us that the nominated individual was appointee for the person's finances. She said that this had been agreed by the local authority five years ago. She stated, "Things change so we will discuss this again with the local authority. His social worker was fully aware."

We examined staff recruitment. No new staff had been employed since the change in legal entity. All staff had been recruited by the previous provider. We noted that two of the staff recruitment files did not include details of the Disclosure and Barring Service (DBS) checks which had been carried out. In another two staff files we noticed that only one reference had been obtained. In a fifth recruitment file we noticed that there was no evidence of any pre employments checks, although this staff member did not have direct day to day contact with people. We spoke with the registered manager about this issue. She told us that they were renewing DBS checks for staff employed before 2014. She said, and staff confirmed that recruitment checks had been carried out; however, records were not always available. She told us that they now used an external recruitment company to ensure that the correct procedures were followed.

We checked staffing levels at the service. There were eight staff employed to cover both services. One to one support was provided for the person throughout the day. There was one sleep-in member of staff during the night who would wake up, if support was required.

We checked medicines management and saw that there was a system in place to record and administer medicines.

The provider did not have any responsibilities with regards to the premises since the person lived in his own home. We saw the premises were clean and appeared well maintained.

Not sufficient evidence to rate

# Is the service effective?

## Our findings

The person informed us that "most" of the staff knew what they were doing. More detail about the person's views of his support is covered in the caring domain.

Staff informed us that there was training available. This included training in safe working practices and specific training in areas such as autism, acquired brain injuries and epilepsy awareness. We noted in one of the staff files we examined that there had been a delay in induction training. We spoke with the registered manager about this issue. She informed us, and the staff member confirmed that induction training had been carried out; however it had not been formally documented until several months later. The manager said that in the past, induction training had been more informal and on occasions had been carried out "after the event." She said she was going to introduce the new Care Certificate and all staff were going to complete this regardless of how long they had worked for the provider. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

There was limited evidence of supervision operating across all staff. A schedule for 2015 was available. Discussion with a member of staff had raised concerns regarding this area. They said in the past they would have regular one to one supervision but in the past 18 months they had only had two. They said they valued supervision and believed this was important in supporting their work. Following the inspection, the manager wrote to us and stated that all staff had received three or four supervision sessions in the previous 15 months as well as group supervision on a monthly basis.

The registered manager was open in acknowledging appraisals had not taken place for staff in the past. There was however, evidence that a new system had been introduced and started. Staff had received documentation to complete in advance of their individual appraisal discussion that indicated this deficit was being addressed positively. One member of staff said this was the first time in five years they had started the appraisal process, however, they felt uncomfortable that their appraisal discussion had taken place in a supermarket café area. We spoke with the manager about this comment. She told us that she tried to arrange appraisals and supervisions in the nearby locality to ensure that staff did not have far to travel. She told us that she would discuss arrangements with staff individually.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions.

The manager told us and the person confirmed that a decision had been taken to disconnect the person's Wi-Fi between the hours of 11pm – 7am. This was due to excessive internet use through the night which affected the person's sleeping pattern and subsequent wellbeing. A best interests meeting had taken place and a decision made to disconnect the Wi-Fi connect at 11pm. Staff had consulted with the person and their social worker about this decision.

We read the person's care plans. We noted that one stated, "[Name of person] requires close and constant supervision" and "[Name of person's] choices are more limited than most because of the restrictions put on his liberty." It was unclear what legal framework was in place with regards to this person's care. We spoke with the manager about this issue, since we considered that this situation met the new 'acid test' following the Supreme Court's judgment which had redefined what constituted a deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The manager told us that the person previously had a deprivation of liberty authorisation in place. She said that the local authority were aware of the situation. Following our inspection she informed us that she had contacted the local authority's best interests assessors and deprivation of liberty team for advice.

We spoke with the person about meal times. He told us, "I don't like fruit, I say no to fruit" and "I don't like bacon." He said that one member of staff was "troublesome" because they limited the number of takeaways that he had. We read the person's care plan which stated, "Healthy eating and exercise are an absolute priority."

Staff prepared and cooked the meals. The staff member informed us that the person chose not to assist them in meal preparations. We heard the staff member ask the person what he would like for tea. Four egg sandwiches were chosen. We noted that the person's weight had increased considerably.

Not sufficient evidence to rate

# Is the service effective?

We spoke with the manager about this issue and whether advice and support had been sought from a dietitian. She told us that an annual health check had been carried out and the person's weight was being monitored. The annual health check scheme is for adults with learning disabilities who need more health support and who may otherwise have health conditions that go undetected. Following our inspection, the registered manager informed us that staff had planned a new healthy eating menu and exercise plan. In addition, she said that she would contact the local learning disabilities nursing team for advice.

The registered manager told us that she did try and contact health and social care professionals for advice and support. She explained that the person no longer had an identified social worker which was confirmed by the local authority. She told us, "We do feel a bit cut adrift; we want to have contact with professionals."

Not sufficient evidence to rate

# Is the service caring?

## Our findings

We spoke with the person about staff and the support they provided. He told us, "I'm happy." He explained that the staff were kind to him with the exception of one staff member. He told us, "He knocks [on the door]…He knocks like this [made quiet knocking noises] at 10.49 in the morning" and "He makes me run my own bath, the other staff do it for me." We investigated his concerns and found that this staff member promoted the person's independence, such as encouraging him to run his own bath and not stay in bed all day.

We spent time during our visit observing the day to day events in the person's home and did not have any concerns with how the staff member interacted with the individual. The staff member promoted the individual's privacy and dignity. He spoke with the person in a respectful manner.

Information relating to the person's support was stored on the computer. This included care plans and risk assessments. We read that information about the person's background and likes and dislikes was included.

The manager informed us that the person was not currently accessing any form of advocacy. She told us that the person regularly saw their family for support. Advocates can represent the views and wishes for people who are not able express their wishes.

Not sufficient evidence to rate

# Is the service responsive?

## Our findings

We spoke with the person who told us that "most" staff were responsive to their needs. They explained that one staff member was not as responsive as other staff. More detail about the person's views of his support is covered in the caring domain.

The type of service provided was 'Supported Living.' Supported living is where people have their own tenancies and live with support in their own homes in the community. At The Bungalow, one to one support was provided through the day. There was a sleep-in service at night. Staff would wake up if support was required.

Staff informed us that they encouraged the person to be as independent as possible. We found however, that there were some inconsistencies in staff support. We spoke with one care worker who explained that he encouraged the individual to run his own bath; however other staff did this task for him. We checked the person's care plans and noted that these did not always specify what actions staff should take to encourage the person's independence and ensure a consistent approach was taken. We spoke with the manager about this issue. She said that she had also identified this as an issue and had organised a staff meeting where care planning and promoting independence would be discussed. Following our inspection, we spoke with the manager who said, "We had a meeting last week and we looked at [name of person's] care plan…It's all about small steps."

The person informed us that staff assisted him to maintain his hobbies and interests. The person was keen to show us his DVD collection and 3D television. He said, "I love films – Flash Gordon, have you seen it?"

There was a complaints procedure in place. The registered manager informed us that no complaints had been received. The person had completed a questionnaire to obtain their views of the service / care provided. The manager told us however, that surveys to obtain the views of their relatives and health and social care professionals were not undertaken as yet. She told us that she would look into this issue.

Not sufficient evidence to rate

# Is the service well-led?

## Our findings

There was a registered manager in place who oversaw this and another sister service. She articulated a vision for the organisation to develop over the next two years. Business projections were based on supporting 31 clients across both of their services by December 2017. At present, the provider supported two people in their two services. One person who lived in the care home and a second who they supported in their own home in the Newcastle area. The registered manager stated the philosophy of the service was, "To give people a better life and to build a service around the individual with that individual at the centre."

The registered manager described the culture of the organisation as being open, honest and transparent. She said it was important to share both positive and negative news with the staff team. When asked to assess morale on a scale of 0-10, (0 being poor and 10 being excellent) she said seven or eight. One member of staff whom we spoke with said that he considered that levels of morale were at seven. He also said "Whilst there is always something you can improve it is a happy place." Other comments included, "I'm perfectly happy;" "With a small work force, you're always going to get some niggles." Both the nominated individual and provider were very open and honest during the inspection and explained to us their main challenges with regards to the service.

In relation to areas identified for improvement, both the registered manager and nominated individual acknowledged the challenges of working across a wide geographical area, where staff were lone working. They stated they believed that as the team grew with the service, this growth would offer greater opportunity to develop other roles which would promote stronger workforce cohesion. They voiced a desire for people to be involved in selecting their care team, although felt this was an aspiration at present. The registered manager believed the biggest risk facing the organisation was "getting the message across and continued sustainability."

The registered manager acknowledged that because of the small size of the organisation there was a need for improvement in the development of governance systems, particularly if the plans for organisational expansion materialised. There were some systems operational to monitor the quality of care, including individual monthly reviews of the person's care. These were carried out by the nominated individual. The nominated individual used a quality grid with a number of criteria to check; such as the person's care plans being updated. We found however, that other areas, such as infection control, were not monitored. The manager told us that she would look into this area.

The registered manager explained a challenge for her over the previous year had been to address issues relating to working patterns that had been deemed to be unacceptable. This related to the excessive length of shifts. The registered manager demonstrated a commitment to ensure the working patterns were changed to the benefit of people and the staff.

The registered manager told us that she considered that her leadership style promoted open two-way communication. There was evidence of staff meetings. We noted that the last meeting was held in April 2015. The aim was to hold meetings monthly, although information indicated this was not always possible with 10 held in 2014. Regular staff bulletins were distributed and there was an electronic "post box" for staff to be able to communicate issues from the satellite sites. The registered manager was asked about how she was visible in terms of her leadership. She replied she would call at the homes at either weekly or two weekly intervals indicating, "I feel I need to have a reason for going." We spoke with the manager about this comment, since registered managers should be in "day-to-day charge" of carrying on the regulated activity. She explained that she felt it was important to ensure that the person was aware of her visits and would always contact the service to state she was coming. She said, "I would never just land" and "I visit at least once a week." The registered manager told us that she received supervision from external consultants who were employed on an ad hoc basis.

There did not appear to be a clear strategic approach to training. Training was clearly evident, covering a range of topic areas. There was however, no indication of the frequency of training. This meant there was no ability to identify individually who was up to date with training or any deficits, such as moving and handling. We spoke with the registered manager about this issue. She said, "We totally took that on board and have documented when training needs to be completed."