

## Time For You PA Services Limited

# Time For You

### Inspection report

Unit A1C, Smallmead House  
Smallmead  
Horley  
RH6 9LW

Tel: 07926125215

Date of inspection visit:  
10 December 2021

Date of publication:  
26 January 2022

### 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 For You PA services is a domiciliary care agency providing personal care to 7 people in their own homes. The service supports people living with autism, learning disabilities, and people living with acquired brain injuries.

At the time of the inspection the service was supporting 7 people. Not everyone who used the service received personal care. 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.

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

People were supported to remain safe whilst promoting their independence. Staff were aware of how to raise a safeguarding concern and had received training in this. Risks to people were assessed and detailed support plans were in place. People were looked after by staff who knew them well and understood their needs and potential risks to them.

There were enough staff to support people and staff were intentionally matched with people to ensure their personalities were a good fit. Medicines were managed safely and staff were appropriately trained. Good infection prevention and control procedures were in place and they were followed correctly by staff.

Lessons were learnt and shared with the team. Accidents and incidents were monitored, and actions were recorded. People knew how to make a complaint and actions taken following any complaints were recorded.

The assessment process was robust and was completed by two staff members and included several stages to ensure all information about the person was gathered. Staff understood people's needs and information relating to their care. People knew how to make a complaint or raise a concern and felt confident that this would be taken forward, we saw that complaints were handled well and action was taken appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to live their lives in the way in which they wished, the service took a proactive approach to managed risk and independence to ensure people could have complete choice and control over their lives.

People told us that staff were kind, caring and considerate. There was a caring and open approach throughout the service, people and relatives felt that they worked in partnership with the agency and had full involvement in the care they received.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported in their own homes and staff supported people to live the life they chose. Staff assisted people to go about their daily lives such as go to the gym, attend work and maintain social relationships.

Right care:

- Care was highly personalised and was tailored to the individual's specific needs. Staff knew people well and would adapt the care they provided to meet how the person was feeling and responded.

Right culture:

- There was an open and empowering leadership culture, this allowed staff to adopt a caring and proactive approach when delivering care.

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

Rating at last inspection

This service was registered with us on 09/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 For You

## **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 carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was also the provider who had applied to be registered with the Care Quality Commission. This means that they 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 would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three relatives about their experience of the care provided to their loved ones. We spoke with four members of staff including the manager, operational manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and support plans.

# 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

- People's relatives told us they felt their loved ones were safe with staff. One relative told us, "I feel [relative] is absolutely safe and I feel I strongly know that because they are on top of everything. Another relative told us, "They are very aware of safety aspects. When [relative] is left alone for certain parts of the day, they make sure he is set up for the day and things that could harm him are put away."
- Staff had received training in safeguarding and knew how to report any concerns. One staff member told us, "We look out for signs such as weight loss, neglect or bruising. We also have our safeguarding policies and procedures, which are kept in the office but all staff have them on emails too."
- The provider was completing an advanced course in safeguarding of vulnerable adults to further their own knowledge to be able to support staff with their safeguarding practices.

Staffing and recruitment

- People were supported by staff who they had been specifically matched with based on preference, personality and skill set. The same staff supported the same people and staff knew how to support people in all aspects of their lives.
- Staff supported people for long periods of time throughout the day. People told us that staff arriving late was not an issue they had experienced and staff stayed for the right amount of time. One relative told us, "The staff always stay for the right amount of time, if there is a problem they will stay longer."
- Where there was to be a change in the member of staff supporting a person due to unforeseen circumstance, the provider would always call and inform the person and offer them an alternative member of staff. One relative said, "I always know who is going to be coming, we have a roster, we get the odd change but they're very minor and there is no complication, we get who we are expecting."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People were supported with their medicines by staff who had been appropriately trained. One relative told us, "They support [relative] to make sure medication has been taken correctly, they check in when they arrive in the morning and just before they leave in the evening."
- People received their medicines appropriately and on time. Medicine administration records (MAR) were clear and showed that people were receiving their medicines as they should be.
- One person, who managed their medicines independently as this was their wish and they were capable of

doing so, had made a few mistakes with their own medicines. The provider and staff supported the person in finding ways to reduce these errors whilst maintaining their independence. This included a daily telephone call to respectfully prompt the person with their medicines and finding specific equipment to support the person such as large medicine pots.

- Where people were managing their own medicines and were safe to do so, if a medicine was missed, then the staff would put the missed medicine in an envelope and take it to the pharmacy to be destroyed, this was to prevent the person from making another error.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was being correctly worn. One person told us, "They wear masks, they have been excellent with regards to that".

- Protocols were in place to support staff and people with procedures in relation to COVID-19, these were kept in peoples houses and gave information to protect people from infection.

- Individual risk assessments were undertaken to identify any specific risks to people due to COVID-19. One person was supported to shield as they were clinically vulnerable, staff continued to support them by leaving shopping on the door steps and stay in regular contact with them.

#### Learning lessons when things go wrong

- A lessons learnt log was kept that recorded any lessons learnt and how these were shared with staff and actioned. The manager told us, "We share any actions or lessons learnt on our staff platform or in staff meetings, we also encourage staff to share anything they have learnt."

- Where there were any accidents or incidents, they were fully investigated by the provider and lessons learnt were shared with staff and used to develop new ideas.

- In one situation, the electronic system for recording medicines failed, paper MAR were sent immediately to peoples houses. The provider has since completed an audit to ensure that there are paper MAR in place in all houses should the system fail again.

# 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

- The provider had a detailed assessment process in place, firstly a telephone call would be carried out to get to know the person, their likes, dislikes and personal information. A face to face visit would then be completed to gather further information about needs.
- Prior to care being delivered, the provider would contact other healthcare professionals who had been involved in supporting the person such as physiotherapists and specialist doctors to gain relevant information about the person.
- An assessment tool had been created that allowed the provider to gather the required information and then put together the care plans and risk assessments.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were skilled and experienced in their roles. One relative told us, "My [relative] needs a really specific way of talking to him and caring for him and none of them have problems with that, they are brilliant with him, they have all been really receptive with him."
- Staff were provided with an induction before starting to work with the service. This included mandatory training and an introduction to the policies and procedures. The staff member would then spend time shadowing an experienced care worker.
- Specific training would be arranged to support people's specific needs. One person had a health condition that was evolving, this meant that at times the person would show new behaviours. When this would happen, the service liaised with a specialist doctor to provide training to enable staff to best support this person.
- Staff were given time to attend specialist appointments with people such as physio and SALT (speech and language therapy). This enabled staff to learn how to support people with their exercises and other areas to improve their overall health.
- Staff supervisions were carried out every three months with the manager. The supervisions covered a variety of areas of development and gave staff an opportunity to discuss any difficulties they were having.

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

- People were supported to maintain a balanced diet. The manager told us, "Our approach to meals times is different for each person. Some people we support like us to support them with a meal plan, others will decide on the day and we will support them to go to the shop."
- One person who was at risk of dehydration was supported to monitor their fluid intake. A tick sheet was kept to ensure the person met their daily fluid intake goal and staff ensured the person always had their water bottle with them as this encouraged them to drink.

- Another person was at risk of under or over eating. Staff managed this by eating their meals with the person and providing encouragement to eat more or reminders to eat less.
- Staff supported people to plan, purchase and prepare their own meals. One person preferred to have a menu in place so they knew what they were eating and staff supported them with this.

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

- The service worked closely with other agencies to provide effective care and to find the best solutions for people. The service worked closely with social services to support one person who wanted to remain independent with their medicines but needed extra support to do this. By working in partnership with social services, the provider was able to continue to support the person according to their wishes.
- The provider maintained good relationships with specialist doctors and healthcare professionals. Where people had complex needs, the service would work with professionals to ensure staff were correctly supporting them.

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 told us they were fully involved in decision making. One relative said, "They ask [person] every time, that is part of the early training the staff received, it is all to do with choice, that can be very difficult with [relatives] problems, but they make it work incredibly well."
- People were supported in line with the MCA. Capacity assessments were completed where appropriate at the time of assessment and again if there any changes.
- One person required a best interest decision to be made on their behalf, the MCA was followed, and a meeting was held including all relevant people. This was documented in detail to show the decision-making process.
- Staff had received training in the MCA and understood the importance for gaining consent. One staff member told us, "I always ask people for consent before doing anything, we have to use different ways of communicating with people to gain their consent to make sure they are comfortable."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt they were well treated by staff. One relative told us, "I find all the staff to be excellent, I really do feel that they are a part of our family. They are such a massive asset to our life." Another relative told us, "They are the best care agency I have ever worked with, they're all lovely, they are really open."
- The service had a specialist approach to support and communication embedded into their care. The approach was based on five principles and allowed staff to support people using empathy, respect, promoting decision making and supporting self-efficacy. Staff told us that they used this approach regularly and it supported them to care for people in a way that empowered them.

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

- People and their relatives felt they could regularly express their views. One relative told us, "They have been really good when working with [person], making sure he has the choice to do things, they are always respectful to his choice and his wanting to have control to do things and then to support us as a family around our fears about wanting to support him."
- Regular feedback surveys were sent out to people, relatives and staff. A recent survey around person-centred care was sent to gain people's views. The responses were all highly positive about how the service was performing.
- The manager called people regularly to check-in with them to see how they were feeling. One relative told us that they had just had a new member of staff start with them and the manager had asked for their feedback to make sure the member of staff was the right fit for them.

Respecting and promoting people's privacy, dignity and independence

- One person who had never lived on their own previously had been able to move into their own home with the support of the service. The service and the family had worked together to keep the person safe whilst promoting their independence.
- The service supported people to live their lives how they wished to. Staff supported one person to carry out a volunteering job in a café, they would take the person to work every day and stay with them and support them in the role.

# 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; End of life care and support

- People's care plans were highly personalised and gave detailed information about people's needs and how they wanted to be supported. Care plans included details of how people may express themselves and what staff needed to do to support them during these times.
- One person's care plan gave detailed information about how to support a person with eating their meals as this was something they found difficult. It gave information of triggers to look for, specific phrases to say and ways to support decision making.
- Care plans included personal statements written by the person and their loved one, this was personal information about the person describing themselves. They also include examples of what the perfect day would look like for them. This information formed the base of the care plans which made them highly personalised.
- The service was not currently supporting anyone who was at the end of their life and the manager told us that they would not start providing care to anyone new who had end of life needs as this was not their specialism. However, if a person they were already supporting came to the end of their life, training would be arranged for staff.

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 service supported people with a variety of communication needs and did this through tailoring each person's care plan to give information to staff on how to communicate with each person individually.
- Staff received training specifically to support people's communication. One person's style of communication would change due to their health condition. Staff would be given time to meet with specialist doctors to support them in how to communicate with that person.
- A variety of picture aids were used where appropriate, one person who liked to plan their own menu, staff supported them to use picture aids to help them make decisions about what they would like to eat.

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 socialise, take part in activities and access the community. Staff would support people whilst maintaining their safety to be involved in a variety of activities and clubs that were meaningful

to them.

- One person required extra support to maintain their safety when in the community. Staff developed resources to support this person such as prompt cards for them to use as a reminder when they are out in the community.
- Another person wished to attend the gym for enjoyment but also to support with their health, staff members would support the person to go to the gym and exercise with them for motivation.

Improving care quality in response to complaints or concerns

- A complaints log was kept which showed that complaints were investigated, acted upon and where improvements had been made.
- The service had received a concern about some of the language used in a person's support plan as it was not felt it was not entirely reflective of the person. The manager spent time with the person and family re-writing the support plan until they were happy with the words used.

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

- People told us that the service was open and friendly. One relative said, "They will instantly problem solve and change things to try to make things better for everybody."
- We received positive feedback about the manager and the management team. One staff member told us, "Working with [the manager] has made me fall in love with care again and want to continue doing the job."
- An on-call system was shared by the manager and operational manager and this was found to be beneficial. One relative told us, "I can call the on-call number at any time, I can always access the manager and this is really comforting."
- The service worked closely with other healthcare professionals and had formed good relationships. Specialist health care professionals supported the service and provided training and advice as required.

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

- People told us that they were made aware if there were going to be any changes to their care. One person said, "They are very respectful company that understand the people they are working with and support families as well."
- We could see evidence that the manager would personally go to visit people after something had gone wrong to apologise and to make any improvements, we saw an example of this also happening within the staff team where the manager had apologised for a misunderstanding that had occurred.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The managers had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- The manager at the service who was also the provider had applied to the CQC to become the registered manager of the service and this was currently being processed.
- A wide variety of audits were undertaken including audits on support plans, medication, recruitment files and call times. Action plans were drawn up from these audits and records of what action was taken.
- Regular staff meetings were held and these were used as an opportunity for shared learning. In a recent staff meeting, the medicines error policy was shared with the team and staff were given the opportunity to

ask any questions.