

Time2B Ageing Gracefully Ltd

# Time2B Ageing Gracefully Ltd

## Inspection report

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Date of inspection visit:  
17 February 2020

Date of publication:  
30 April 2020

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Time 2B Ageing Gracefully Ltd is a domiciliary care agency providing personal care to three older adults living with dementia in their own homes in North London and Hertfordshire at the time of the inspection.

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

There were continued failings across the management and oversight of the service. The provider had not made improvements following our last inspection.

The provider did not adequately assess risk for all people using the service.

Medicines were not safely managed. Staff had not received medicines training. Medicines Administration Records had not been completed appropriately and did not list all medicines people had been prescribed.

The provider did not ensure safe staff recruitment. Not all staff had undergone appropriate recruitment checks prior to working with vulnerable people.

People were not always receiving care from staff who were competent, skilled and experienced. There was a risk that people were receiving care from staff who had not received training to meet the needs of people. The provider did not keep appropriate records of training. Staff did not receive regular documented supervisions or appraisals.

People's care preferences were not appropriately recorded. Care plans were basic and were not always reviewed on a regular basis.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We received positive feedback from relatives who told us staff were caring and responsive to their needs. They told us they found the provider accessible and responded to any queries they had.

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 and update

The last rating for this service was requires improvement (published 5 March 2019) and there were multiple

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified repeated breaches in relation to safe care and treatment, the employment of fit and proper persons, staffing and good governance at this inspection. We also identified a breach of regulation in relation to person centred care.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

#### Follow up

We have discussed with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Time2B Ageing Gracefully Ltd

## **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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 February 2020 and ended on 27 February. We visited the office location on 17 February and follow up inspection activity continued in the days afterwards.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also reviewed the action plan submitted by the provider following the last inspection.

#### During the inspection

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

During the inspection, we spoke to the company director who was managing the service on a day to day basis. They are referred to in this report as 'the provider.' We were unsuccessful in contacting staff members following the inspection for their feedback.

#### After the inspection

We received and reviewed additional evidence sent by the provider which included, recruitment and training records and care plans. We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager. We liaised with placing authorities. We received feedback from two relatives by phone and email.

# 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 as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure required pre-employment checks were carried out for new staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19.

- Staff were not recruited safely. Staff files checked demonstrated that required recruitment checks had not been carried out. Appropriate employment references had not been obtained, employment histories were incomplete and not all staff had a DBS check completed by the provider when they commenced employment.

The continued failure to operate effective recruitment procedures was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were appropriate for the number of people the provider supported. A relative told us they had no concerns regarding timeliness of care visits and staffing levels. They told us, "They always have enough staff to meet [Person's] needs."

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 for this reason.

- Medicines were not well managed. Staff did not have medicines training. The provider had not assessed staff competency to check they were giving medicines safely.
- At this inspection, the provider confirmed that one person was supported by staff with medicines administration. On review of their medicine's records, we found that their MARs were not completed appropriately by staff administering medicines. Following the inspection, the provider submitted additional medicines records, however these had been altered after being initially seen by the inspection team. The instructions for administering medicines such as dosage, quantity and names of medicines administered

were not completed.

- There was a lack of information on medicines in people's care files and a high-risk medicine was not appropriately risk assessed.
- No audits were carried out for medicines records at the service.
- One person's care plan had not been updated to reflect a change in the person's needs around how they were supported with medicines.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's health were appropriately assessed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 for this reason.

- The provider had not always assessed and managed risks to people's safety. Risk assessment records were not specific in ensuring staff were equipped with enough guidance to meet each specific area of a person's care needs.
- Risks such as choking, skin integrity, moving and transfer and the risks associated with specific health conditions had not been appropriately assessed. Risk assessments were in a checklist format, not person centred, some incomplete and lacked guidance for staff on how to keep people safe.
- Risk assessments were not reviewed regularly, and some had not been reviewed since an initial assessment was carried out. For some people this was approaching two years at the time of the inspection.

The continued failure to take appropriate actions to ensure medicines and risks are managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us they felt their family member was safe when receiving support from Time 2B Ageing Gracefully. A relative told us, "I have no concerns with [Person's] safety."
- Accidents and incidents were documented. Records kept documented that where concerns were noted, they were discussed with the person's family and if necessary, reported to the local safeguarding team for further investigation.
- The provider was knowledgeable around reporting concerns to the local safeguarding authority, however we noted one allegation of abuse, although reported was not notified to CQC. We advised the provider of their responsibilities around this.

#### Preventing and controlling infection

- We did not receive any feedback from relatives around the infection control measures taken by staff, however, when asked if they had any concerns, infection control was not commented on.
- Not all staff had received training around infection prevention and control at the time of the inspection.



# 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 as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Following the last inspection, staff employed at the time had attended training in areas such as moving and handling theory, infection control, safeguarding and recordkeeping.
- Feedback was mixed as regards to the knowledge and training of staff, with one relative telling us they had concerns around a staff member's ability to use a hoist but noted that they had improved over time.
- Staff had not completed any medicines training or had their competency to support people with medicines assessed.
- A staff member who commenced employment in May 2019 has not completed any training since commencing their role, despite having no recent care related training prior to commencing employment. The provider initially told us they had attended training in February 2020, however when asked to provide supporting evidence, they then confirmed that they had not completed any training.
- Staff supervisions were not regular with some staff seen to have had one supervision since the last inspection in January 2019.

Systems were either not in place or robust enough to demonstrate staff were adequately supported to perform their duties. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People receiving personal care had been supported by the service since early to mid-2018. At this inspection, we were unable to review the assessment process for new care packages. From review of care records, it was not clear that people's care needs were regularly assessed as review paperwork was not always dated. A relative told us they had been involved in the initial assessment process.
- Where people required support to maintain good oral hygiene, this was lacking guidance on how staff supported people with this.
- People's protected characteristics under the Equality Act (2010), such as religion and culture, were referred

to in their care plan.

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

- Not everybody required support from staff for eating and drinking. Where support was provided, care plans did not always reflect the support people required and people's food likes and dislikes.
- Despite this, a relative told us they were happy with the support their family member received from staff for meals support, with care staff making sure drinks were accessible before they finished their care visit.

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

- Not everybody required staff support to access health and medical services, as families provided this support.
- Care records indicated that the provider alerted families if they had concerns around people's health and well-being. However, care plans were not always updated to reflect contact and outcomes/advice from contact with professionals.
- The provider told us that they had established contact with social care professionals themselves, when they had concerns which was confirmed in emails seen.

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.

At our last inspection, we recommended that the provider obtained guidance in relation to compliance with MCA as it was not always clear that relatives had legal authority to consent to care on behalf of their family member. At this inspection, we found no changes to people's paperwork in this regard.

- Care plans stated whether the person was living with a cognitive impairment, such as dementia and stated where family members made decisions on their behalf.
- Training records seen did not indicate if staff had received training around MCA.
- As noted in the last inspection, where care plans were signed by a family member, it was not clear whether they had legal authority to do so.
- Care files contained an MCA assessment form which assessed whether the person had capacity to make decisions regarding their care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Relatives were positive around the caring nature of the staff team, with one relative telling us, "Staff are very caring and very patient with [Person]."
- Nevertheless, we identified the service was still not always acting in a caring manner as there were several repeated issues in the way the service was provided. Also, people were still not being protected adequately from risks that could arise as part of receiving a service. We saw that people were at risk of poor care as the care plans and risk assessments did not provide up to date guidance for staff on people's care needs.
- People's religious and cultural needs were recorded in their care plans.

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

- Relatives told us they had been involved in care planning. However, care plans did not reflect this involvement. People's backgrounds, likes and dislikes, hobbies and interests were not captured consistently in care documents seen on inspection.
- Care records did not indicate how staff supported people to maintain control of their care and independence. Some care records had a dismissive approach to people's abilities as a result of their age, cognition, mobility or health conditions.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they had been consulted about their preferred gender of care staff supporting their family member and their wishes were respected.
- Relatives told us that people were treated with dignity and respect by care staff.

# 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 as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we made a recommendation to the provider to seek guidance on person-centred care planning. At this inspection, we found that the provider had not acted on this recommendation.

- We reviewed three care plans and found that two were not person centred and only contained basic information on people's care needs. For example, one person's care plan stated that staff should assist with all their personal care needs. No further detail was provided on how staff should provide this support and what their personal care needs were.
- Care plans did not provide guidance to staff on how people's health conditions affected them and how staff should provide support in areas such as assisting with pain management or providing reassurance if the person became anxious or distressed.
- Care related documents were not reviewed or updated regularly, with some assessment documents completed mid-2018 and not reviewed since.
- Guidance was not provided to staff on how to meet people's social or emotional care needs. For example, one person's care plan stated that due to their health and mobility problems, they were 'unable to have any lifestyle skills.' No guidance was in place for staff to support the person with any social activities, such as conversation.

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.

- Care plans did not consistently state what people's communication needs were or how staff should provide support, in the instance the person had a sensory or communication impairment.

The failure to assess and plan care to meet people's needs and preferences was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us the service provided responsive and flexible care. Feedback included, "We have met all the staff that regularly visit [person] and they are able to meet all their needs" and "[Staff] is always willing and flexible."
- Following the inspection, the provider sent us two care plans which had been amended to be more

detailed and person-centred.

Improving care quality in response to complaints or concerns

- No complaints had been documented as received since we last inspected.
- Relatives told us they would contact the provider if they had any concerns and were confident that they would be addressed. One relative told us, "A year into using the agency, we have no concerns at all. If we do, we are able to contact [provider] at the time of the concern and find a resolution very quickly."

End of life care and support

At our last inspection, we made a recommendation around the provider seeking guidance on end of life care planning. At this inspection, we were not assured that the provider had acted on the recommendation made.

- Nobody was receiving end of life care at the time of the inspection.
- People's end of life care wishes was not documented in their care plans.

# 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 as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure good governance systems were in place to ensure quality care and to drive improvement across the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not taken action to improve the care people received. The provider had repeatedly failed to pick up and/or act upon all the issues we identified at their last and this inspection.
- Repeated concerns were found at this inspection around risk assessment and care planning, staff training and recruitment and governance of the service. Assurances given following the last inspection in the action plan submitted to CQC had not been acted on.
- There was lacking management oversight at the service. There was a registered manager in place, however they had little day to day involvement in the running of the service. They did not carry regular audits of records or care delivery.
- The provider had failed to implement quality monitoring systems to monitor care delivery, despite this concern being raised at their last inspection. There was no management oversight of medicines management and care records were not reviewed regularly. We saw that some spot checks were documented, however these were inconsistent with one person not having had a spot check since May 2019.
- We were not assured of the integrity of the provider as records had been retrospectively amended following the inspection to achieve compliance and a staff member had not been trained despite assurances that they had.

There was a lack of management oversight and quality review to ensure that the service was adequately run. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider responded to requests for information and documents. They told us that they would implement improvements in response to the concerns found on this inspection. However, it is a concern that they had not made the required improvements following the last inspection.

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

- Relatives were positive around the service they received from Time 2B Ageing Gracefully. One relative told us, "For us, the managing of the service has greatly improved over the year we have been using them." Relatives knew the provider and told us they were accessible and responsive.
- The provider was knowledgeable around the duty of candour and being open and honest with people, their families and commissioning authorities when things went wrong.

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

- Relatives told us they were involved in care planning and in regular contact with the provider. They told us they were asked for feedback regularly.
- The provider told us they had just sent out the yearly survey for 2020 at the time of the inspection.
- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  9(1)  The registered provider did not ensure person-centred care plans were in place for all people who used the service. The registered provider did not ensure people received care according to their preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12(1)  The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users and ensure the safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(1)  The registered provider did not have effective systems in place to record and monitor the quality and safety of service provision.
Regulated activity	Regulation



Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

19(1)

The registered provider did not ensure a robust recruitment procedure by ensuring staff employed were of good character and had the skills and experience which were necessary for the work to be performed by them.

Regulated activity	Regulation
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Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

18(1)

The registered provider did not ensure all staff received support, training, supervision and appraisals.