

Time 2 Care (South West) Ltd

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Inspection report

Unit 10, Caddsdwn Business Support Centre
Caddsdwn Industrial Park
Bideford
Devon
EX39 3DX

Tel: 01237424005

Website: www.mytime2care.com

Date of inspection visit:

14 January 2020

22 January 2020

Date of publication:

18 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 2 Care is a domiciliary care service covering Bideford and the surrounding area. It is a small family run service providing support to 38 people in their own homes.

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. All 38 people received personal care at the time of inspection. This number can fluctuate as people's needs change.

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

Record keeping within the service was not always up to date and did not contain the information required.

Staff had not always been recruited using best practice guidelines with all the necessary pre-employment checks completed.

The service had not notified the CQC all the information legally required, such as statutory notifications.

People did not always have regular care visit times and from the same care staff.

Following feedback, these areas were immediately actioned. The provider and registered manager were committed to improving the service.

People felt safe receiving care from Time 2 Care. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so they could be reflected upon to make improvements to the service. Staff understood how to prevent the spread of infection.

People were supported by staff who were motivated and passionate in their roles. Staff felt supported by the management team.

Staff received the appropriate training and regular supervision. They felt part of the running of the service and that their opinions mattered.

People were treated in a kind and caring way by staff who treated them with respect, privacy and dignity. People and relatives were complimentary of the staff who supported them.

People had been assessed and a care plan put in place. People received their medicines safely. People and relatives knew how to complain if needed. People were supported to eat and drink well.

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.

The service was led by a registered manager who had been employed since the last inspection. They formed the management team with one of the providers. They promoted an open and welcoming culture which people and staff appreciated.

There were quality assurance systems in place to monitor the quality and safety of the service to focus on continuous improvement. The provider was extending these systems to include all areas of the service.

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

Rating at last inspection

The rating for this service was good (published 11 July 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Time 2 Care on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the providers previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of the full report.

Enforcement

We have identified a breach in relation to the management and oversight of the service at this inspection. We have made one recommendation relating to 'best interest' decision making.

Please see what action we have told the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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 not always safe.

Details are in our well-Led findings below.

Requires Improvement ●

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 2 Care (South West) 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

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the CQC. 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 January 2020. We visited the office location on 14 January and visits to people's homes took place on 22 January 2020. The inspection ended on 30 January 2020 following feedback to the provider.

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 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 inspection. We used all this information to plan our inspection.

During the inspection

We spoke with five people and three relatives who used the service by telephone. We visited three people in their own homes and spoke with them and their relatives. We spoke with one of the providers, the registered manager, the administrator and two members of care staff.

We reviewed a range of records. This included three people's care records and their medicine administration records. We looked at three 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

Following the inspection, we sought written feedback from all 18 care staff and received six replies. We also received feedback from two health and social care professionals and a further two relatives.

After the inspection site visit, we received information that the registered manager had resigned from her post at Time 2 Care.



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 good. At this inspection this key question has now been rated as required improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There had been one recent safeguarding concern which had appropriately been reported to the management team by staff. However, the registered manager and registered provider had taken appropriate action but had not alerted the proper authorities without delay. This was discussed with the provider who had contacted the relevant professionals.

Following the inspection, the provider sent us information about the improved systems put in place to keep people safe. This would ensure the correct safeguarding procedures would be followed in the future.

- People and relatives told us they felt safe receiving care and support from care staff. One person commented, "I do feel safe". A relative said, "My (family member) is happy and I feel quite safe with the girls here, I like the girls."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew how to recognise the different types of abuse. They knew their responsibilities to keep people safe and how to report any concerns they might have.
- Staff reported any concerns to the office immediately and seek guidance if they were worried about a person.

Staffing and recruitment

- Recruitment checks did not reflect best practice. This was because the necessary pre-employment checks had not always been consistently undertaken and recorded.
- Staff recruitment files demonstrated some of the checks had been carried out, but these were not complete. For example: one staff member had an incomplete application form; one staff member had not had their gaps in employment explored; one staff member had only one verbal reference and one person had only the first part of the Disclosure and Barring Safety (DBS) check. The DBS is a legal document which helps employers make safer recruitment decisions as to whether prospective staff are safe to work with people who may be vulnerable.
- We discussed this with the provider who immediately took action. On the second day of inspection, the information had been gathered and the recruitment process updated to prevent a reoccurrence. This meant recruited staff were safe to support people in their own homes.

Following the inspection, the provider sent us information about the systems put in place regarding staff recruitment. This would ensure all prospective staff were safe to work with vulnerable people by a more thorough and recruitment procedure.

- When staff were asked if there was enough staff on duty, responses were mixed. Some told us there was and others said staff numbers could be improved.
- We spoke with people about their care visits, comments included, "There is always staff rota changes" and "They don't always come at the same time and sometimes they are a bit quick to finish."
- We discussed this with the provider and registered manager who were both aware of the staffing issues. The provider said they had recently experienced problems, but this had now passed with the recruitment of more staff. No person had a missed visit during this period of transition.
- The registered manager said there was an abundance of staff at certain times and not enough at other times. They were also working on a new staff rota which put people's needs first instead of staff's chosen days of work. The provider said they had suffered a period of unsettlement with staff, along with a change of registered manager. They said they were now in a "stable position after refocussing the business" and making necessary changes to the running of the service to improve the quality of care delivered.

Following the inspection, the provider sent us information from audits looking at care visit calls, times and duration. They had also carried out a survey to gain people's views on whether their care visits were a concern. The results showed people were positive about the service and their care visit times."

- People received a staff rota, so they knew which member of staff to expect at each visit. The staff rotas had recently been updated to include photographs of the staff which people really liked. People felt comfortable with this as they knew who were coming into their home. One person said, "This (staff rota) is new and I can see who's coming now."
- No staff visited people without being introduced first. One relative said, "New staff are brought round and introduced to us and they shadow the staff". Another said, "We know everyone who comes and they shadow. But we had four staff here once and that was too much." This was fed back to the provider.

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

- Assessments were carried out to identify and mitigate any risks identified. These included risks to the person individually and environmentally. Whilst most of the risks had been identified and mitigated, we discussed with the provider how to expand this information and update the documentation to help identify risks in a clearer and more concise way. The provider immediately acknowledged this and put plans into place to review the records. This had no impact on people as staff knew them so well in their day to day lives with a good knowledge of each person's individual risks.
- The service had an on-call service where people and staff could contact the office out of hours. This meant where a concern was identified, staff were able to call a senior for advice and support.

Using medicines safely

- People's medicines were safely managed by staff who had received medicine administration training.
- Staff routinely picked up extra prescriptions for people from either the GP or the pharmacy. This was to allow the person to get their medicines quickly when they needed them.
- One person had their medicines locked away by staff. They had asked staff to do this to enable the medicines to be kept safe. Staff had put systems in place to manage this safely.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training and followed good infection control practices.
- Personal protective equipment was readily available for staff to use with stocks held at the office.

Learning lessons when things go wrong

- Systems were in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted. For example, where negative feedback had been received from questionnaires, these were looked at and investigated to resolve the issue.

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 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 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 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 and found they were.

- People had capacity to make most decisions for themselves. In the case where they were unable to make such decisions, best interest decisions had been made involving the people necessary. For example, one relative whose family member was living with dementia told us how they service had worked with them and others to look after their family member.
- However, these decisions were not always recorded. The registered manager confirmed they would record all these decisions in the future.

We recommend the provider considers current guidance with regards to making 'best interest' decisions in relation to the MCA 2005.

- People told us they were always asked for consent before any personal care was given. Staff documented this in the daily care records on each visit.

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

- People's care and support needs were assessed before they received care. Information had been sought from the person, family and any other professionals involved in their care. Information from the assessment had informed the plan of care. Where the service could not meet people's needs fully, the packages of care were either declined or handed back to the commissioners. This meant the service only took on people whose needs could be met in full.
- People were satisfied with their support and care which was planned on their needs, choices and preferences.

- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these. This ensured staff were aware of people's diversity.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent and well-trained staff who had the relevant qualifications and skills to meet their needs.
- Staff knew people well which had been achieved by working closely with them. A relative said, "(Family member) has got to know all the girls and they are very good." The service had appointed several new members of staff recently and were getting to know people's individual choices. One person said, "I have had some new ones (staff) recently but they are all polite."
- People received regular training and supervision which helped them in their roles. This included spot checks on their care practice.
- Staff felt well-trained on how to support people properly and were encouraged to learn from their mistakes. They commented, "I think I have enough training and on the whole the company are very good at keeping staff up to date", "I have been pulled up on mistakes I have made (which is a good thing, as it is always about keeping the service users safe)", and "I ask loads of questions but am never made to feel stupid ... when I have made mistakes we talk about it and I never do it again."

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

- Staff supported people to maintain a balanced and nutritious diet by shopping and preparing meals.
- Staff ensured people had access to food and drink during care visits. Where staff were worried about people's eating and drinking, they monitored them at each visit. For example, one person who had diabetes was reviewed at each visit to ensure they had taken enough food and fluid for their health condition.

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

- People were supported to ensure their health and well being needs were met. Relatives were included in any decision making when needed. One relative said, "I am always involved with any decisions and there are good communications between us." A social care professional said they had good relationships with other professionals and commented, "... they ensure issues are well managed in the community i.e. community nursing team".

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 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; Respecting and promoting people's privacy and independence

- People and relatives were complimentary about the way they were supported by staff. Staff supported people in a kind and caring way. One person said, "All the staff are polite and treat me with respect ... there was one I didn't like and they don't come anymore." A relative said, "The staff are very good. They are kind and caring and always know how my (family member) is ... they are very helpful".
- Another relative said, "They treated my (family member) very well and were very patient with them despite his dementia ... always approachable and keen to help with any problems ... overall service was excellent." A social care professional said, "Staff are respectful, give good quality care, go the extra mile."
- Positive and engaging relationships had been built up between staff and people who used the service. A relative said, "They (staff) are kind and caring, my (family member) likes the girls and they chat with them." One person said, "They know me well and it's important I get on with them." A staff member said, "We get to know people well as we tend to visit the same ones."
- The management team and staff were kind and caring in their approach to people and responded to people's individual requests for help. The provider knew people well and regularly interacted with them on the telephone to sort out any issues. For example, the provider was an experienced tradesman and regularly visited people to make repairs to their property. This included repairing internal doors, moving furniture for people when they wanted a different layout, repair fences blown down by the wind and install key pad entry. They willingly gave their time free of charge as they wanted to prevent people being charged for small repairs.
- The provider also took people to appointments in their own time. For example, one person was taken to a healthcare appointment and the provider then took them for a trip out in the car. They lived in isolation and the person enjoyed the trip very much. The provider said, "It didn't take much time out of my day to help them." A relative said, "On many occasions they (all staff) went beyond the call of duty and sorted out problems which weren't really in their brief. Even down to fixing a leaking toilet!"

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

- People were visited by the registered manager before they began to use the service. This gave them the opportunity to express their wishes about the support they would like to receive and who they would like to be supported by. For example, whether they would like a male or female member of staff to give care.
- Staff and people were fully involved in their partners in care and decision making. For example, one person told us how the times of their visits were changed at their request.
- People received their care and support from a service which was flexible and able to respond to individual

requests and changes. A relative said, "They (management and staff) are very good ... they are very adaptable to changing needs and adjust these to fit."

- People's family and friends could be involved in the monitoring of people's care if people wanted them to be. Some relatives kept a communication's book in their family member's home. One relative said how useful this was as the book showed them what had happened that day.

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 has been 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

- After an initial assessment was carried out, people's care plans generally informed staff about the support and care people they needed. However, the care plans consisted of the tasks staff needed to take; these did not include the detail required to give consistent care. For example, how people liked the staff member to assist them with their personal care. We discussed this with the provider who was aware of the need to revise the care plans. Plans were in progress to update all the care plans to add in more information, guidance and personalisation. On our second inspection visit, this process had already begun and care plans had started to be updated. This would enable the plans to be even more comprehensive and clear to read.
- When new staff joined the agency, they shadowed staff to support individual people. The service did not employ agency staff. Therefore, there was little impact on people as staff knew what care and support was required.
- People's care and their plans were regularly reviewed. These were amended if necessary to reflect people's changes in care and support. People and relatives were encouraged to contribute to reviews to help ensure their needs were accurately reflected.
- Staff completed records daily which showed what care and support had been given on each visit.
- The service was flexible to meet people's needs; they were also able to adapt when needed and planned care visits accordingly. A social care professional said, "The agency is flexible in supporting individuals where needs may not have been accurately identified at the point of referral."

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.

- People's care plans contained information about the support a person might need to access and understand information. For example, if they wore glasses or had communication problems.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and said that they would speak to the appropriate staff.
- Relatives said they felt listened to and felt that any issues of concern would be addressed as there was good communication. One relative said, "We had one issue and it was resolved and sorted out ... my (family member) contact them to let them know if anything's wrong."
- Staff worked hard to resolve any niggles before they became a problem. This was demonstrated by the low

number of complaints and the high number of compliments received.

End of life care and support

- The service continued to care for people at the end of their lives. They worked with the local health care teams to support this.
- A relative whose family member had recently received end of life care said, "My family member passed away recently ... I believe because of the excellent care provided by Time2Care, their quality of life improved ... they were able to stay home ... on many occasions they went beyond the call of duty and sorted out problems which weren't really in their brief."

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 has been rated good. At this inspection, this key question was now rated as 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, person centred care.

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

- There was a new registered manager appointed since the last inspection. The manager was registered with the Care Quality Commission on 4 April 2019. They were still gaining experience in the leadership of the service and were mainly involved with the day to day hands on care.
- Since the previous registered manager had left, one of the four providers now helped to run the service and support the registered manager. They were based in the office each day and undertook an administration and service oversight role.
- The registered manager and provider were not always clear about their roles and responsibilities. There was some concern that all areas of the service may not be being continually monitored. This highlighted concerns within the management team.
- Systems in place to monitor and improve the quality of the service did not cover all the areas required. For example, the systems did not pick up that a statutory notification had not been sent to CQC. This was in relation to a safeguarding issue and is a legal requirement.
- Not all records required for the running of the service were comprehensive and up to date. For example, people's care plans and staff recruitment files.
- The provider and registered manager had not followed the appropriate action and notified the relevant authorities in relation to their safeguarding responsibilities as they were unaware. This included the CQC; no statutory notification had been received which was part of the provider and registered manager's legal responsibility.

We found no evidence that people had been harmed. However, systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the concerns with the provider and registered manager who told us they would take immediate action to improve the record keeping and their quality monitoring to include all aspects of the service. The provider took responsibility for these and was extending these systems to cover more aspects of the service to identify any improvement needed. This had already begun and was seen on the second day of inspection.

Since the previous registered manager had left, one of the four providers now helped to run the service and support the registered manager. They were based in the office each day and undertook an administration and oversight role.

Following the inspection, the CQC was made aware the registered manager had handed in their resignation. One of the other four providers had applied to the CQC to be the new registered manager. They were very experienced in care and were committed to improving the service and addressing the shortfalls. They had already begun working at the service and had made identified key areas for improvement. This meant two of the four providers would have the leadership and oversight of the service.

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

- The management team were committed to providing high quality care to people. Since the recent organisational changes, the management team had identified areas they wished to improve upon. For example, they were aware people did not always receive care at the same times and were working on a change of staff rota to resolve this. They had also identified they needed to update and review some of the records used.
- Staff and people said the management team encouraged an 'open culture' where staff could speak or drop in anytime to see them.
- Staff felt supported, motivated and happy in their roles. The one exception was the times of care visits and staffing allocation which was being addressed. Comments included, "The management are incredibly helpful and supportive" and "I feel supported in my role. The staff are always at the end of the phone if I need them".
- The management team was open and honest when things went wrong and put in place steps to prevent a reoccurrence. One staff member said, "There is no recrimination over mistakes ... it is never referred to again."
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
- People, relatives and staff were regularly asked for their views on how the service was run. Their comments and feedback were analysed, and the levels of satisfaction displayed.
- Staff had opportunities to discuss any issues at supervisions. The management team were receptive to suggestions on how to improve the service at any time in between.
- The registered manager delivered hands on care so was very aware of people's care and support needs. They regularly reviewed people whilst carrying out this care.
- The service had developed strong links with health and social care professionals who were complimentary of how the service was run. One professional said, "They (management team) do what they can to help ... They are well connected with other teams as well to ensure issues are well managed in the community".

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance.</p> <p>Not all records pertaining to the running of the business were up to date.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>