

Solihull Time To Care Limited

# Solihull Time To Care Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Solihull Time to Care Limited is a domiciliary care service which is registered to provide personal care to older people, people with disabilities and dementia. People using the service lived in their own homes within the community. At the time of our inspection three people received care and support from the service. Those people had arranged and paid the provider directly for the service they received.

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

People felt safe. Staff informed us of the signs of abuse and the reporting processes they should follow if they had concerns. People's risks were assessed, and staff had a good understanding of how to minimise them. The recruitment process ensured there were suitable staff to support people safely. Where required people received their medication as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. People were given choices and their consent was gained before providing support. Staff knew of people's dietary needs. People had access to healthcare professionals when required.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was maintained. Staff knew it was important to encourage people to maintain their independence.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently when it was required. People and /or their relatives were included in these processes to ensure all needs were determined and addressed. People and their relatives knew how to raise concerns and would feel comfortable to do so.

People, relatives and staff spoke positively of the service and the registered manager. Quality assurance systems including spot checks had been used to identify what aspects of the service worked well and where improvements may be needed. Provider feedback forms had been used to gather information about the views of people and relatives about the service provision.

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

The last rating for this service was good (published 06 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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** ●

# Solihull Time To Care Limited

## **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

Solihull Time to Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats within the community.

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 provider 48 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

#### Before our inspection

The provider was asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative to ask about their experience of the care provided. We spoke with the registered manager who was also the nominated individual, and one staff member. We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- A relative told us, "They [family members name] are safe. Staff walk with them and help them."
- A comment in a completed provider feedback form read, 'My care worker [staff member] makes me feel safe.'
- A staff member said, "I am always made aware of any safety issues to prevent accidents."
- Assessments had been undertaken concerning people's homes and their physical conditions to identify any apparent risks. Documents were available to make staff aware of people's risks and how to minimise them. These included mobility risks.
- Records highlighted some people used a walking stick and it was important they used this to minimise the risk of them falling. A record made by a staff member read, "Person walked in the lounge and used their walking stick." This meant the staff member was aware of the person's risk and followed instruction to minimise it.
- A relative said, "The staff have ID badges." Staff ID badges were available complete with a photo. This was so people and their relatives had some confirmation of who the staff were before letting them into their home.

Systems and processes were in place to safeguard people from the risk of abuse.

- A relative told us their family member had not experienced abuse or been treated badly. A person said, "The staff are very kind."
- Staff confirmed they had received safeguarding training. They confirmed if at any time they had concerns they would report to the registered manager.
- The registered manager knew the processes they should follow if at any time there were safeguarding concerns.

### Staffing and recruitment

- The Provider Information Return highlighted, 'Calculations of staff requirements on the staff rota include, requirements for each service user[person], qualifications and experience needed.' Records confirmed this.
- A relative told us staff turned up on time and stayed the agreed amount. Staff confirmed they were allocated enough time to attend to each person's individual assessed needs. A staff member said, "I have time to do my work."
- The registered manager described the contingency plans they had used to cover staff sickness and holidays. This included the registered manager and staff working extra hours. A staff member told us, "We [staff] all cover each other. On any day I don't mind staying longer with a person. I am not rushed at all."
- The registered manager told us all staff were subjected to pre-employment checks. A staff member confirmed, "All checks were carried out before I could start work."

- Records confirmed staff had an enhanced Disclosure and Barring Service (DBS) check. Application forms included a full employment history and references were sought for each staff member. These checks reduce the risk of unsuitable staff being employed.

#### Using medicines safely

- A staff member told us, "I had medicine training and this helps to ensure safety." Training records confirmed staff had received training to support people to take their medicine safely. The registered manager and records also confirmed that competence assessments had been undertaken to ensure staff were safe to manage medicines.
- Some people did not require staff to support them with their medicines as their families undertook that task. However, a relative of one person who did need assistance with their medicines, told us staff did this correctly.
- Records confirmed the registered manager had checked people's medicine records to ensure they were fully completed, and staff had followed procedures.

#### Preventing and controlling infection

- Staff told us they had received infection prevention training and training certificates confirmed this.
- Staff had access to Personal Protective Equipment (PPE). This included, disposable gloves and aprons aimed at preventing the incidence and spread of infection.

#### Learning lessons when things go wrong

- The registered manager and a staff member told us of their responsibilities to report and record any accidents and incidents.
- The registered manager told us how they monitored and analysed records to identify any trends and patterns to minimise any incidents that may occur. No concerns had been identified that needed changes to be implemented.



# 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.

Staff support: induction, training, skills and experience,

- A staff member told us, "I had worked in care for many years before. I still had an induction when I started working here. I looked at procedures, did some training and worked with the manager for a while."
- The registered manager confirmed the care certificate was available for staff to work through. Certificates were on staff files to confirm this. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff told us they had received all the mandatory training they required including, health and safety and medicine training. The registered manager and training certificates confirmed this.
- A relative told us, "The staff provide an exceptional level of care." A comment in a completed provider feedback form read, "Great care."
- A staff member told us, "I can't believe how supportive the manager is. The staff member told us they had one to one sessions with a manager. Records confirmed staff had opportunities to discuss their training needs, welfare and professional development during supervision. The registered manager confirmed staff had an annual appraisal where their work was analysed and discussed."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 make 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 registered manager had a good understanding of the MCA.

- A staff member told us, "I have received MCA and DoLS training."
- The registered manager told us an assessment to find out what people's needs were, was always carried out and records confirmed this.
- The registered manager and records confirmed mental capacity assessments were undertaken and no person at the present time required a DoLS.
- A relative and documents confirmed people and their relatives had been involved in the assessment

process. This ensured people's care and support would be provided in the way they preferred.

- A relative told us, "Staff always explain what they need to do before they do anything." A staff member confirmed, "I always ask before I give care."

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

- A relative told us, "Staff help prepare meals but they [family member] select each day what they want to eat and drink." Staff confirmed they were aware of people's food and drink likes and dislikes.
- The Provider Information Return highlighted, 'Assessments are carried out to find out people's preferences as well as also gathering a medical history, information about food allergies and conditions that may affect the service users[people] ability to eat and drink independently.' Records confirmed people's nutritional, hydration and swallowing needs had been assessed to determine if there were any risks. Staff confirmed they knew about special medical dietary needs. For example, diabetes and what people could and could not eat and drink to manage the condition.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us people's individual health care needs had been identified by speaking with them and their relatives. This was so staff would be aware of these and how to support people.
- One person had been advised by a physiotherapist to do regular exercises. The registered manager and staff knew this, and encouraged the exercise to be carried out, to help improve the condition. Records read, 'We [staff member and person] did some exercises the physiotherapist gave.'

# 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 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; equality and diversity

- People and relatives told us staff were kind and caring. One person told us, "The staff are lovely. I am very lucky." A relative said, "The staff are kind, friendly and attentive."
- Relatives told us their family member was allocated the same staff to support them so they all knew each other well. A relative said, "They [person's name] usually have one of two staff this is good for consistency. They are polite and helpful."
- The Provider Information Return highlighted, 'Meet the gender choice of the service user [person] when personal care is required.' The registered manager told us one person did not want to be supported by male staff and they ensured this request was honoured. A staff member said, "Only female staff go to [person's name] as they don't want male staff."
- The registered manager told us advocacy services would be sought if a person and/or their relative felt an advocate was required. They gave us a copy of a leaflet giving contact details for independent advocates that they made available to people and their relatives. An advocate is an independent person who speaks up on someone else's behalf.

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

- A relative said, "Staff ask their [person's name] views and act on this. Such as clothes and food"
- Staff told us they ensured people voiced how they wanted to be cared for and they were supported in the way they wanted to be. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "The staff are always very polite and respectful."
- A staff member said, "I always knock the person's door before entering. When I give personal care support I make sure this is in the bedroom or bathroom or where the person prefers." A record made for one person read, 'With support transferred to bathroom, showered.'
- A relative said, "Staff support them [person's name] to maintain their independence skills." A staff member told us, "It is important for people to carry on doing what they can."

# 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 good. At this inspection this key question 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

- Information about people's needs and preferences was sought from people and their relatives.
- A person told us, "I am lucky to have such good care." A completed provider feedback form stated, 'I am happy with my care and support plan.'
- A relative told us reviews were undertaken for their family member.
- Care plans were reviewed regularly and when people's needs changed. This was confirmed by staff and records. People's care plans included information about what was important to them so their care was person centred.

Meetings 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 their carers.

The Provider Information Return highlighted, 'Upon assessment we ask people if they have any information or communication needs and then meet these needs. We record those needs in a set way. We highlight in service user's [people's] files, so they have information or communication needs and clearly explain how these will be met.' Records confirmed this.

- Where people could not communicate or understand what was being said staff used different communication methods. These included some caring hand gestures, the use of objects, the use of wipe boards and Picture Exchange Cards (PECs). This was confirmed by staff we spoke with and records.

Improving care quality in response to complaints or concerns,

- A relative told us, "I don't need to complain. If I did have a complaint though I would tell the staff or the manager." A completed provider feedback form highlighted, 'If I raise a complaint or concern I know it will be put right.'
- The registered manager showed us their formal complaints procedure. This signposted to staff to the processes they should follow if a complaint was received. The processes included; documentation, investigation and a meeting to discuss the outcome of the complaint and a way forward.

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,

- All people lived in their own homes within the community. Responsibility for their activity and hobby provision lay with their family. However, staff told us one person enjoyed going for a short walk and they supported them to do this. A relative said, "They go for a walk outside most days with staff."

End of life care and support

- The registered manager informed us no person at the present time required end of life care. They confirmed they had years of experience providing end of life care in a previous job. The registered manager told us they had worked jointly with palliative health care services last year when a person was at the end of their life and how grateful the family were.

# 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. This was because care records were not available in the office, policies and procedures were not relevant to this type of service and complaints procedure was not available. The registered manager/provider had taken action to address these issues.

At this inspection this key question improved to good. The service management and leadership were consistent. Leaders and the culture of the organisation supported the delivery of good, person centred care.

Continuous learning and improving care and understanding quality performance

- The registered manager was enthusiastic and committed to further improving the service for the benefit of people using it. They had taken note of what was written in the last inspection report. They responded by making improvements by securing people's records and making records more fit for purpose for the service type.
- Audits had been undertaken regularly across all areas of care and support.
- The registered manager used feedback from a variety of sources, including involving people and relatives in individual reviews. These identified that people and their relatives were happy with the service provided.
- A relative said, "The manager they come to do checks." The registered manager told us spot checks were undertaken regularly to ensure staff were working as they should. This was confirmed by staff and records.

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

- A registered manager was in post as is required by law.
- The registered manager had notified us of any incidents they were required to by law.
- The registered manager had completed the Provider Information Return by the timescale we gave and to a satisfactory standard.
- A staff member said, "There are no worries about this service. However, I would be more than happy to whistle blow if I was worried about anything." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- The registered manager was visible within the service as they provided hands on care.
- A relative said, "The manager is really nice. I would be happy to approach them."
- A staff member told us, "This is a very small service, so meetings are more informal. However, I feel I am listened to by the manager. If I raise anything about any person, the manager takes me seriously."
- A relative said "I filled out a form. I couldn't be more happy."
- The results of provider feedback forms were positive. One comment read, "Maintaining good quality care."

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- Our last inspection rating was on display on the providers web-site and within the location office also as required by law.
- Where there had been issues the registered manager told us they had held meetings with people and their relatives to discuss issues in an open and transparent manner.

Working in partnership with others,

- The registered manager told us they worked closely with a range of external professionals for example, social workers to ensure people's needs were met. This was confirmed by staff and relatives we spoke with.
- The registered manager told us they had good links with healthcare professionals they had previously worked with one of whom owned a care service too. This person and the registered manager discussed ideas for service innovation and contemporary best practice developments with each other.