

Timely Care Solution Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Timely Care Solutions Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, people living with dementia, people living with physical disabilities and people living with a learning disability or autism.

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. At the time of the inspection the service was supporting a total of five people, of which three people were being supported with the regulated activity of personal care.

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

People had risk assessments in place. However, these did not provide enough information to direct staff to support people safely. Information within people's care plans was limited and did not include people's likes, dislikes or preferences. In addition, the records did not provide clear detail, guidance or direction to staff to ensure the care and support was person centred.

Staff recruitment was not always safe. Gaps in employment history had not been explored by the provider.

The quality assurance process was not robust and did not drive improvements in the service. There was a lack of governance oversight and management within the service.

Relatives told us the staff team were caring, kind and consistent which made people feel safe.

Staff had completed an induction process and were confident in their role. The registered manager conducted checks of staff skill and knowledge and discussed the outcomes of these with staff during individual meetings.

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. Relatives told us the staff sought consent when providing care and respected people's decisions.

The provider had an infection control policy in place which had been updated to reflect government guidance. Staff had completed training in infection control and knew how to apply this in their role.

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

Rating at last inspection

This service was registered with us on 11 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

Enforcement and Recommendations

We are mindful of the impact of the 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 and will take further action if needed.

We have identified breaches in relation to the care planning and recording of person-centred care.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Timely Care Solution Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers 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. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 6 April 2022 and ended on 13 April 2022.

We were unable to speak to people using the service as they were unavailable. In order to obtain people's experience of care provided by the service we spoke to two relatives. We spoke with four members of staff including the registered manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care 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.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires 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.

Assessing risk, safety monitoring and management

- Risks of people had been assessed however these were generic and in places contained names of other people using the service. Information in the risk assessments did not identify risks or provide information to mitigate risk to keep people safe. For example, for one person who remained in bed for long periods of the day, there was no information recorded to identify risks to their skin integrity or mitigating actions for staff to follow.
- People experienced inconsistent timings of their care visit. People were not consistently informed when staff were going to be late. This had led to people waiting for long periods of time for support with continence care which increased risk of potential breakdown of skin integrity.

We found no evidence that people had been harmed however, systems to assess and manage risks were not robust to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not ensured safe recruitment practices were in place. For example, in three staff files reviewed, application forms had not been completed in full and the provider had not explored gaps in employment history. This meant people could not be assured that new staff were safe to work at the service.
- Staff files contained references and evidence of Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.
- People were supported by a staff team who they were familiar with.

We recommend the provider review their recruitment process to ensure that all employment gaps within application forms are explored and formally recorded.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us the staff practice made people feel safe. One relative told us, "Staff work in pairs when repositioning [Family member]." Another relative told us, "Staff never rush [Family member], and take their time to provide care and support."
- Staff had received safeguarding training and were knowledgeable of recording and reporting concerns internally and to external organisations.

Using medicines safely

- At the time of the inspection staff were not providing support with administration of medicines. Care plans contained information identifying where people were supported by their relatives in the administration of their medicines.
- Medicine policies and processes were in place to support the safe administration of medicine. These had been reviewed and updated to remain accurate.
- Staff had completed training in the safe administration of medicines. The registered manager had completed competence checks of staff skill and knowledge to ensure they remained safe in their practice.

Preventing and controlling infection

- An infection control policy was in place. This had been regularly reviewed and updated where required.
- Staff had completed infection control training and were knowledgeable of measures to take to reduce risk when at work. This included wearing of facemasks, gloves and aprons and disposing of these safely.
- Staff told us they had adequate supplies of Personal Protective Equipment (PPE) and COVID-19 testing kits which were replenished by the registered manager when necessary.
- Staff had been encouraged by the registered manager to receive their COVID-19 vaccination.

Learning lessons when things go wrong

- The registered manager had a process in place to monitor incidents and accidents and record actions taken and outcomes.
- Minutes of staff meetings contained evidence of discussions held regarding incidents, concerns and feedback received. This raised staff awareness and enabled open conversations and agreements on actions to take to drive change and making improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed by the registered manager when commencing with the service.
- A summary of people's needs was completed by the registered manager as part of the assessment process. This provided a breakdown of care tasks which staff were to complete during each care visit. However, the information was not clear and did not fully consider people's health needs and had not been further expanded or recorded in people's care plans.
- People told us the staff appeared to be efficient in their role.

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 access healthcare services when required.
- Records demonstrated where concerns relating to health and wellbeing had been raised by staff with family members for prompt actions to be taken.

Staff support: induction, training, skills and experience

- Staff completed the Care Certificate as part of their induction at the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us the induction process prepared them for their role. One staff member told us they had completed additional training to enhance their knowledge and confidence in specialist areas of care.
- The registered manager completed spot checks of staff practice, ensuring they remained safe in their skill and practice when providing support. Staff told us they received feedback from these checks and found this process to be a valuable learning aid.

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

- At the time of inspection staff were not providing support with the provision of meals. Care plans provided detail of family members who were involved in the provision of food and drink

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 MCA 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

- Relatives told us the staff offered people choices when they were providing care and support.
- Records contained evidence of consent to care and treatment which had been signed by people when commencing with the service.
- Staff understood the importance of supporting people to make decisions and how best to do this with each person. One staff member told us, "I would explain what the decision is to be made and allow time for questions and responses. If the person did not offer a response I would try again later. It is important to support people to make a decision where they are able."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated required 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; Respecting and promoting people's privacy, dignity and independence

- People were not always treated in a dignified manner. Lateness of care visits and the impact on people's dignity had not been recognised or addressed by the provider.
- Despite our findings relatives told us the staff treated people with respect and dignity. One relative told us the staff were very kind and pleasant and could be heard explaining tasks and seeking consent when they provided care and support.
- Relatives told us the staff did not rush people when providing care and support, but allowed them time to complete tasks in a manner which they chose.
- Staff understood how to maintain people's privacy by knocking before entry, closing doors and curtains when providing personal care and maintaining confidentiality.

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

- Relatives told us the staff sought people's view's when delivering care to ensure they felt happy with the manner in which they were providing support.
- People were involved in day to day decisions however the care plans did not provide information to support the involvement of people.

Is the service responsive?

Our findings

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Information within people's care plans was limited and did not provide adequate guidance or direction to support person centred care. For example, there was no information available to advise of tasks which people could complete independently or how staff should encourage people when providing support. For another person who had requested staff support with leg exercises, there was no information within the support plan detailing what these exercises were, the frequency or where they should be completed. There was no evidence within the daily notes that the exercises had been offered or completed.
- Care plans did not consistently identify health and medical needs of people. For example, diabetes and cancer, and did not detail the specific care and support needs for people living with these or other medical conditions. This meant information was not available to inform the staff on how to provide appropriate care and support.

We found no evidence that people had come to harm. However, there was not enough information about people's personalised care needs in care plans. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings relatives told us they felt the staff supported people well.
- Staff spoke passionately about the people they supported and were able to tell us about the importance of person-centred care. One staff member told us, "It is always about the person and their wants and needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was little information about people's preferred communication needs within the care plans. This had not had a negative impact on care and was discussed with the registered manager who advised us they would review information held.
- Relatives told us they found the staff to be dignified in their manner when communicating. One relative told us, "The care staff are very good communicators with [Family member] and each other."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, review and monitor concerns and complaints raised.
- Relatives told us they were aware of processes to raise concerns and complaints. One relative told us they had raised a concern relating to the lateness of calls, however, did not feel the registered manager had listened to them or made changes. This was discussed with the registered manager who told us they would take actions in following up concerns and responding to people in a timely manner.

End of life care and support

- At the time of the inspection people were not in receipt of end of life care.
- Staff had received training to support them with the skills and knowledge required to provide dignified end of life care and support.

Is the service well-led?

Our findings

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst the provider had quality assurance systems in place these had not been effectively used to identify where quality was compromised. This area requires further time to development and establish to address the failings within the care records and documentation which were identified during this inspection.
- People's care plans did not contain person centred information or provide details of individual's medical condition and what this meant to them. In addition, care visits were not always conducted on time. Daily notes did not consistently contain the start and end time of each visit. Therefore, we could not be assured the culture of the service was truly person centred and provided positive outcomes for people.
- We received mixed feedback from people and their relatives about the service and how it was managed. Relatives told us they struggled to communicate with the registered manager due to language barriers and felt that communication and response to telephone calls was poor.

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 registered manager had policies and procedures in place and was aware of their responsibility in informing the CQC of notifiable incidences and events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a lack of evidence of engagement between the registered manager and people.
- Staff told us they felt listened to and supported by the registered manager.

Continuous learning and improving care

- Improvement plans had not been implemented or reviewed following quality assurance processes to support with making positive changes to the service or care provided.
- The registered manager had supported staff to complete additional training to enhance their provision of care.

Working in partnership with others

- Records shared demonstrated the provider-maintained links with other health care teams to support safe

delivery of care.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>There was not adequate information within people's care plans to support provision of person centred care. Care plans did not identify individuals medical and health needs or the specific care and support required to ensure appropriate care was provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care plans and risk assessments did not contain adequate information to enable staff to support people safely. People who used the service were put at potential risk due to the impact of late calls.</p>