

# Care service inspection report

## Time 2 Help Ltd

### Support Service Care at Home

Blueton Stables

Braco

Dunblane

FK15 0NA

Inspected by: Patrick Sweeney

David Gilling

Type of inspection: Announced (Short Notice)

Inspection completed on: 14 March 2014



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## Service provided by:

Time 2 Help Ltd

## Service provider number:

SP2012011815

## Care service number:

CS2012307932

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

### What the service does well

The service responds quickly to service users' changing needs and wishes. The service provided continuity of staff who knew service users and their needs well. The service supported people to return home from hospital early.

### What the service could do better

All service users' personal plans must be reviewed with them and their representatives at least every six months. All service users' personal plans must have a detailed and comprehensive account of their needs and wishes. The provider must reports concerns about the welfare of service users to their council.

### What the service has done since the last inspection

This is the first inspection for this service.

### Conclusion

Service users and relatives found that the service gave them reassurance because it was consistent, reliable, flexible and safe.

### Who did this inspection

Patrick Sweeney  
David Gilling

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service registered with the Care Inspectorate on 12 July 2012.

Requirements and recommendations

If we are concerned about some aspects of a service, or think it could do more to improve, we may make a recommendation or requirement.

\* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

\* A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The service users are primarily older people, but other adults can also be supported. The service is provided mainly in the Stirling Council area by one team and the manager .

The service aims include:

"Time 2 Help Ltd is a best in class personal support service with a strong identity providing support 365 days of the year. Our aim is to have totally satisfied clients that will help spread the word in the circle of their lives."

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### **What we did during the inspection**

This was a short notice inspection by two inspectors, with two days notice so that arrangements could be made to visit service users at home. The inspection took place on 26 and 27 February and 14 March 2014, and the manager was told the results of the inspection in a meeting on 14 March.

Before the inspection the provider had submitted an annual return and self assessment as requested by us.

During this inspection we gathered evidence from various sources, including;

- discussion with the manager,
- discussion by phone with two people using the service and two relatives,
- visits to three service users' homes,
- discussion with four staff,
- examining three service users' care plans,
- examining the services' records of staff induction, supervision meetings and training,
- accident and incident records.

We sent out eight questionnaires service users and five were completed and returned to us. We sent out eight questionnaires to staff and four were returned to us.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received an appropriately completed self assessment in which the service set out its strengths and areas for improvement. We suggest that to improve the assessment that for each strength or area of improvement that the service has an up to date index of where evidence and example of practice with individual service users and staff can be found during an inspection.

## **Taking the views of people using the care service into account**

From two questionnaires returned from service users to the Care Inspectorate there was this comment:

"I have been with Time 2 Help for over a year. They are always very kind and helpful and understanding of my care needs."

When we visited a service user in their home and they told us:

" I am happier and safer now that I have a service to help me with my personal care. The manager has visited to ask and check how my needs are being met. The manager has advised me about other help and service available which I have taken up such as welfare benefits and the occupational therapy service."



### Taking carers' views into account

We received comments from relatives of service users in two questionnaires returned to the Care Inspectorate. These comments included;

- "In the time our relative has had this service we have never had cause for concern or complain. We have been impressed with the level of service offered, the quality of all the staff and their care and attention to detail. They always keep us fully informed and we have peace of mind. My relative thinks highly of every member of staff and appreciates all that they are doing to help him stay in his own home and be as independent as possible. The service is a small team which gives my relative's personal care better consistency, especially with her health issues. The service gives our family reassurance that our relative is being looked after to a high standard." "
- "The service has supported my relative and myself over the period he has stayed in his own home. I couldn't have managed without them. The manager was always willing to listen and to give advice when my relative's health deteriorated. The service supported me when my relative moved into a care home and came with us on the day he moved."

We spoke to a relative by phone and they told us:

"The manager gave suggested contact with social work and community psychiatric services for the service user's need to be met. The staff would phone the doctor if needed. The service was very quick to pick up on any changes in the service user's needs. The manager supported the relative whenever they met with social work staff or community psychiatric nurses. There has been no formal meeting as such but the relative felt involved in all aspects of care. A folder was kept in the kitchen, detailing the care the service users was given. The folder was updated regularly."

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 4 - Good

##### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

##### **Service strengths**

We found the service had good practice in this quality statement. There were several examples where the service had responded to service users' changing needs or wishes. The service also systematically sought service users' and relatives' views about the quality of the service and improvements it could make. The lack of six monthly reviews prevented a very good grade from being awarded.

Service users and relatives told us they found the service responded quickly to changing needs and wishes. One relative told us; "As my relative needed increasing support to meet their need over time the service was very flexible in delivering this care." Service users and relatives told us they felt consulted by the service about their needs and wishes for their service, and how well it was being provided. They described how the manager would visit and talk to them about how well the service was going.

We found in one service user's care plan dates that reviews and updates to the care plan had taken place.

The service had acted on a service user's wishes when they requested that a particular staff member not provide their care by providing alternative staff. The management of the service had found that this request was as a result of differing personalities between the service user and staff member, with no concern about the staff member's practice.

The service has additionally and routinely used questionnaires to get written feedback of service users' and relatives' views of the quality of the service and how it was meeting their needs and wishes. Some of the comments we read in the questionnaires included;

- "I appreciate having the same member of staff."
- "I've never had problems getting to speak to the manager."
- "The service made a difficult time easier to manage and released the pressure a caring family feels."
- "The service has acted on any requested improvements or changes immediately."
- "The service seems very much bespoke and my relative was treated with dignity and respect. My relative is very fond of her care staff and this gives us peace of mind."

### Areas for improvement

The service was not routinely holding six monthly reviews of service users' personal plans, as required by regulations. If other agencies are holding reviews then it is sensible for the service to combine their six month review with those agencies. This is also an opportunity to ask for their views on how the service is meeting their needs and wishes and to agree how these will be met. We found that there were limited records of the discussions the service had with service users and relatives about their needs and wishes and how the service had been changed in response to these. See Requirement 1 and Recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must review service users' personal plans in consultation with them and their representatives at least once in every six month period.

**This is in order to comply with SSI 2010/210, regulation 5(2)(b)(iii). This is a requirement for providers to review the personal plan service users' personal plans in consultation with them and their representatives at least once in every six month period. Timescale for completion. Within six months of the receipt of this report.**

## Recommendations

1. The provider should record the views of service users and relatives in reviews and show how these had influenced how the service is provided.

**National Care Standards, Care at home, Standard 3, Your personal plan.**

## Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

The service had good practice in this quality statement. The service provide service users with very good outcomes when it supported people to return home from hospital early and when service users and relatives felt reassured the service was consistent, reliable ,flexible and safe. The need for improvement in the consistency of care planning prevented a higher grade being awarded.

Service users and relatives told us they valued the reliability of staff visits. For example one relative told us: "I can relax in the knowledge that the staff will arrive and depart at the correct time and that my relative received all the help she needs."

We found that the service provided continuity of staff who knew service users and their needs well, and that service users knew the staff who provided their care. Relatives told us how much they valued this and how much difference this made to the quality of the service. For example a relative told us: "My relative has dementia and he really loved all the staff that attended to him. He knew they really cared about him." We saw in our visits to three service users' homes how staff knew how service user's wanted their care and routines met; such as when to prepare their drink, how to provide reassurance during care tasks and to have a general chat. Working consistently with service users meant that staff had insight into service users' changing needs over time, such as when they required more assistance.

We saw the staff promote service users' independence, such as when a service user manoeuvred their wheelchair between their bedroom and bathroom as they could do this by themselves. They heard staff asking service users if they were comfortable with the care tasks as they were being completed and offering choices such as; whether or not to have a cream applied, or to have a shave.

We examined the care plans for three service users. We found one of the care plans was very comprehensive and detailed about how staff were expected to meet a service user's needs in a sequence during each visit. The plan stated in detail the service user's preferences for how their care and daily routines were to be met, and how staff should keep the service user safe. For example we saw how a service user with dementia was offered a choice of their meal, as set out in the plan, which the staff member then heated. As another example care plans instructed staff on safe infection control practice of washing hands and using personal protective equipment as part of personal care routines, and we saw this practice take place as stated.

The service provided intensive support arrangements for some service users who were very frail or dependent. A relative told us how their confidence in the quality of the care service helped a service user return home from hospital to rehabilitate rather than stay in a rehabilitation ward. They told us; "the service helped our relative return home sooner from hospital to rehabilitate at home."

We found a very good example where the service had worked very closely with a family to support a service user to return home from hospital for palliative care and to remain well within their home, where they wanted to be. The service had helped the service user's relatives to set up the service user's bedroom so that the layout and specialist equipment helped in their care. The service had liaised with healthcare staff, such as the GP and visiting nurses, to provide for the service user's needs. The service staff used their knowledge and experience to assist the service user's relative to make enquiries with healthcare professionals about appropriate care and treatment for the service user as their needs increased over time.

### **Areas for improvement**

A service user required staff to put a thickener for their drink for swallowing difficulties, but the care plan only had a general description of "add a few scoops" to advise staff how to prepare the drink. When a healthcare professional, such as a speech and language therapist, prescribes that drinks are to be thickened there is usually a description of the consistency the drink should be prepared to meet the service user's needs. See Requirement 1.

We found that one personal plan was not as detailed and comprehensive in setting out service user's needs and wishes and how staff were to meet these. See Requirement 2.

We suggested that the care plans included headings to help structure the care plan across the day, or to separate care and domestic routines, and to highlight critical information such as actions to reduce risk.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

## Requirements

1. The provider must ensure staff prepare thickened drinks according to the description of the consistency set out by the prescribing healthcare professional, and that this advice is recorded in the service users' personal plans so that staff can prepare the drink as expected and safely.

**This is in order to comply with SSI 2010/210, regulation 5(2)(b)(ii). This is a requirement for providers to review the personal plan when there is a significant change in a service user's health, welfare or safety needs.**

**Timescale for completion. Within one day of the receipt of this report.**
2. The provider must ensure that all service users' personal plans are written with a detailed and comprehensive account of service users' needs and wishes, and how staff are to meet these for consistency and safety.

**This is in order to comply with SSI 210/2011, regulation 5(1). This is a requirement for providers prepare a written plan which sets out how service users' health, welfare and safety needs are to be met. Timescale for implementation: Within four weeks of receiving this report.**

## **Quality Theme 3: Quality of Staffing**

Grade awarded for this theme: 4 - Good

### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### **Service strengths**

The grade for this quality statement comes from the grade awarded for Quality Theme 1 Statement 1.

### **Areas for improvement**

The areas for improvement are those for Quality Theme 1 Statement 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0



## Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

The service had good practice in this quality statement. We found a very motivated staff team, well supported by their manager, and encouraged to develop their skills. The need to improve documentary evidence for induction and on-going staff supervision prevented a higher grade being awarded.

The staff we spoke to were very positive about the ethos of the service, where each service user's service was tailored according to their wishes and needs, and which gave staff time to get to know the service user and not to be hurried. Staff had read about service user's needs in their care plan before providing care needs and for the first visits they were accompanied by the manager and introduced to how to provide the care as expected by the service user and manager. One staff member told us: "The manager is supportive. We work with a small number of service users, which is good for consistency. We get good information from the manager about service users' needs and I've read their care plans." Staff confirmed they had read the service's policies and had training via courses supervised by the manager. Another staff member told us: "I'm happy working for this service. There is time to provide service users' care without being rushed and to travel between service users too. The service listens to service users and their families and tries to tailor their personal care needs. I have had the training I need and we have the equipment we need."

The manager reported how she made unannounced visits to service user's homes while care was taking place to monitor that the service was being provided as agreed. On occasion the manager had found staff were not carrying their role as expected and had used supervision with the staff to require them to improve their practice.

In its safer recruitment practice the service obtained appropriate references from previous employers and obtaining an up to date background check, which is now the Protection of Vulnerable People Scheme membership. We found that many staff had extensive prior experience in care work and nursing which they made use of in their present role. For example one staff member had experience of working with people with dementia and also people with palliative care needs.

We found that the service ensured that new start staff were inducted into their role, through essential courses, reading and understanding the services' policies, shadowing more experienced staff, and being supervised directly in care tasks by the manager, and being introduced to each service user and their needs in detail before they provided care to the service user. The service uses an external training provider and on line courses for staff to cover essential knowledge and good care practice in their care role, which included; basic food hygiene, infection control and moving and

handling theory. The management of the service ensured that staff have satisfactorily completed the courses.

The service monitored staff performance and development of their skills through a system six monthly review meetings. The service encouraged staff to comment on their own experience and wishes, and the management gave constructive comments on their performance and developed an action plan to meet goals for each individual staff member. The service took its responsibilities for staff conduct seriously. It used its disciplinary procedures whenever staff had not followed its policies and procedures, particularly where service user welfare would be at risk.

The service was responding to the number of service users it supported who have dementia with a plan to have all staff have dementia training. To put this into practice a staff member with experience in supporting people with dementia had completed a trainers course on dementia, and they are then to train other staff in the service on good practice dementia care.

### **Areas for improvement**

Reference forms for previous employers did not have a place for the referee to sign and date the form. See Recommendation 1.

We found that the service was not adhering to its system to having six monthly performance review meetings and following up on actions plans with all staff. See Recommendation 2.

We found a satisfactory evaluation of one new start staff member's performance during their induction, but not for other new start staff. We found that there was limited evidence of the appraisal of staff as they had completed their induction with the service. See Recommendation 3.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. As part of safer recruitment practice the service should include space for referees to sign and date the reference form.

**National Care Standard, Care at home, Standard 4, Management and staffing**

2. As part good practice in supporting staff development and monitoring staff performance, the service should adhere to its system of reviewing staff progress and following up on actions plans made at the previous review.

**National Care Standard, Care at home, Standard 4, Management and staffing**

3. As part of good practice in recording staff development and monitoring staff performance during the induction period the service should retain sufficient evidence that staff had met the services' expectations.

**National Care Standard, Care at home, Standard 4, Management and staffing**

## **Quality Theme 4: Quality of Management and Leadership**

Grade awarded for this theme: 3 - Adequate

### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### **Service strengths**

The grade for this quality statement comes from the grade awarded for Quality Theme 1 Statement 1.

### **Areas for improvement**

The areas for improvement are those for Quality Theme 1 Statement 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### **Service strengths**

We found that the service had adequate practice in this quality statement. The management of the service consulted service users and staff about the quality of the service and improvements to be made. We found a need for the service to improve its practice for acting on any concerns for the welfare of service users which resulted in the adequate grade at this inspection.

This is a small service, with about eight service users and seven staff, at the time of the inspection. We found that the manager had a close, personal oversight of the quality of the day service, through providing care herself, and carrying out unannounced visits. Staff contact the manager to provide an update each visit to a service user and any issues arising from the visit. This had the merit that the manager was immediately aware about how each visit has gone, and if there is a need for follow up actions or a need to communicate any concerns to a service user's family.

As a result we found that the service was very responsive to individual service user's needs and views, and those of their family, and routinely sought feedback on how well the service was going for them.

Amongst staff the manager promoted consistency of practice, and involved staff in improving the quality of the service, through individual meetings and meeting as a group to brief staff on changes to service user's needs, to discuss policies and expected practice and to get their views on how to improve the service.

### **Areas for improvement**

During the inspection the service identified that it had been concerned about potential risks for service users where they did not have capacity to make decisions for themselves. The service was not solely responsible for the service users' care as other agencies, including statutory agencies, were also involved in the service users' care. However we would have expected that the service to have acted on its concerns when they had arisen, and to have notified the Care Inspectorate of these concerns and what it had done in response to these. During the inspection the service contacted the council responsible for service users' welfare about these concerns. The service also proactively involved the service users' relatives in this process by telling them why the service was getting in touch with the council. The service made an appropriate, detailed record of its concerns and the actions it had taken and who it had informed of its concerns. See Requirements 1 and 2.

When staff text, email or phone the manager after each visit we found the service did not have a written record which sets out the observations of staff from each visit and whether there had been any action as a result.

Also it is not secure or confidential for staff to send written information about service users via texts or emails from personal phones or computers. See Recommendation 1.

Most of the service's personal plans for service users were only held in the office, and were not usually held in service users' homes, where both service users, relatives and staff would have better access to them. We suggested how the service could provide discrete storage for the personal plans to be kept in service users' homes without them being overly intrusive.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 1

### Requirements

1. The provider must ensure that it reports concerns about the welfare of service users to the council responsible for their welfare, as good practice, and as part of its adult support and protection procedures.

**This is in order to comply with SSI 2010/2010, Regulation 4(1)(a). This is a requirement for providers to make proper provision for the health, welfare and safety of service users. Timescale for completion: Within one day of the receipt of this report.**

2. The provider must notify the Care Inspectorate when it has reported concerns about the welfare of service users using its adult support and protection procedures.

**This is in order to comply The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI 28/2011) regulation 4(1)(b). This is a requirement for providers to make notifications to the Care Inspectorate as required by the Care Inspectorate. Timescale for implementation: Within one day of receiving this report.**

### Recommendations

1. The provider should provide a confidential, written system for maintaining a record of staff observation of changes to service user's needs or any concerns, and actions taken by the service as a result.

**National Care Standard, Care at home, Standard 4, Management and staffing.**

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

No additional information.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.



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### Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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本出版品有其他格式和其他語言備索。

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