

One To One Home Care Agency Limited

Progress House

Inspection report

Church Road
Gorleston-on-Sea
Norfolk
NR31 6NP

Tel: 01493656266
Website: www.onetoonehmecare.co.uk

Date of inspection visit:
26 April 2021
11 May 2021

Date of publication:
08 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Progress House is registered to provide personal care and support to people living in their own homes. At the time of our inspection Progress House was providing personal care to 120 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risk assessments required more individualised detail to ensure that care staff had clearer guidance on how risks were to be mitigated. Care plans also required more detail, particularly where people were living with dementia, had health conditions, or poor mental health.

The recording within medicines administration records was improved, but we found some discrepancies between what was written in the care plan, and what people were prescribed.

The majority of people told us that care staff were reliable, but sometimes they arrived later or earlier than agreed. They also reported that rotas which detailed who would be visiting them could change and they weren't always advised of this.

The provider's governance systems had been effective at monitoring the quality of care in some areas but not all, resulting in issues not always being identified and therefore improved where required.

The majority of people we spoke with told us that the carers who visited them were kind and caring, and ensured they were treated with respect.

The provider had responded to the COVID-19 pandemic promptly, implemented policies in line with guidance and ensured all care staff had access to personal protective equipment (PPE). Systems were in place to protect people from the risk of abuse and avoidable harm.

There were sufficient care staff to cover all visits. The necessary checks had been made to ensure that care staff working at the service were of good character.

People's complaints were listened to and acted upon to improve the quality of care they received. However, some people told us that issues were still on-going in relation to changes to their rota and times of visits.

The service had an open and positive culture. Care staff felt supported and able to speak with the registered manager at any time.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 March 2019) and there were two breaches of regulation. The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas, however we found some repeated issues which meant the provider remains in breach of one regulation relating to good governance.

Why we inspected

We carried out an announced comprehensive inspection of this service on 13 and 18 February 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains Requires Improvement. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

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 have identified breaches in relation to good governance at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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 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 ●

Progress House

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

Two inspectors and two experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

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

This was an announced, focussed inspection carried out by two inspectors. Inspection activity started on 26 April 2021 and ended 11 May 2021. The experts by experience spoke with 18 people who used the service, and 16 relatives. These calls were carried out on the 26 and 27 April 2021.

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 all of this information to plan our inspection.

The provider was not 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager who is also 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 eight people's care records and eight medication records. We also looked at four staff files in relation to recruitment.

After the inspection

A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

We spoke with two social care professionals, and seven care staff who worked at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that systems for recording and administering medicines were safe, and that specific risk assessments were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvement was required, the provider had made sufficient improvements to no longer be in breach of regulation 12.

- Medicines listed on the medicine administration records (MAR) did not always correspond with the list of medicines held in people's care plans. This could cause confusion for care staff visiting people. No incidents had occurred, but information needed to be accurate to reduce the possibility of errors occurring.
- Topical application charts, used to record when people had been supported with medicines such as creams, continued to show gaps in recording, but audits showed this had been addressed with care staff, and improvement was noted in February and March 2021.
- Since our previous inspection the provider had implemented printed MAR charts which we found had resulted in improved recording of when people had taken their medicines.
- Where we saw errors had been made on MAR charts (such as a missed staff signature) these were identified and the staff member spoken with by a member of the management team.
- Staff received training in medicines management.
- Risk protocols had been implemented following the last inspection. However, these were generic in nature and not person centred. Specific risks can affect people differently and therefore we could not be fully assured that care staff had access to guidance specific to the individuals they were caring for.
- Moving and handling care plans were not always sufficiently detailed to guide care staff in the specific support people with their mobility needs.
- We found no evidence that people had been harmed, however, systems still required improvement to demonstrate safety was being effectively managed.
- Following this inspection, the registered manager sent us examples of individualised risk assessments which were already in place for some people and had begun to visit people face to face to update risk assessments as a priority.

Preventing and controlling infection

- Overall people felt that care staff wore personal protective equipment (PPE) appropriately, however, two

people told us that care staff had not always followed good guidance.

- Care staff confirmed they had access to full PPE. One care staff member told us, "We have loads of PPE. In addition to masks, gloves, and aprons we also have arm sleeves, hair nets and foot coverings."
- Care staff received infection control training but had not received specific COVID-19 training. However, all of the care staff we spoke with told us that guidance was shared with them throughout the pandemic which included new government guidance and relevant updates relating to COVID-19.
- There were systems in place to minimise the risk of COVID-19 transmission. For example, there were cohorts of care staff allocated to specific areas. This reduced the number of different care staff visiting people.
- Regular COVID-19 testing was completed by care staff. All care staff had been supported to access the vaccination programme with 90% of care staff vaccinated.

Staffing and recruitment

- The service had sufficient care staff to cover the visits required. There had been no recent late or missed visits. An electronic monitoring system enabled office staff to ensure people's visits were being provided in line with their assessed needs.
- The majority of people and relatives we spoke with told us care was usually provided by a regular team of reliable care staff. One person told us, "The care staff are reliable and always turn up". Some people told us that care staff were sometimes five or 10 minutes late but usually stayed for the agreed amount of time. A relative said, "[Family member] is safe. The [care staff] are really good. They are lovely. [Family member] likes the regular [care staff]. He knows them and they know where things are. The continuity is important."
- Care staff continued to be recruited safely, and records showed that care staff were vetted for their suitability to work with vulnerable people, through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

Systems and processes to safeguard people from the risk of abuse

- Care staff had a good understanding of safeguarding and had received training in this area. The registered manager had investigated and reported any concerns appropriately.
- People told us they felt safe when care staff provided them with support. One person said, "I feel very safe, and I have confidence in the care staff. A relative said, "[Family member] feels safe with them [care staff]. If [family member] had a problem with any of them someone would know about it. They are polite, well-mannered and do their job as expected."

Learning lessons when things go wrong

- The new registered manager had implemented a more robust medicines audit to ensure errors were identified and actions taken. This had resulted in improved recording.
- The registered manager was responsive to our feedback, and regularly made contact with us following the inspection to advise what they were doing to update care records and make the required improvements.
- An on-call service was available to support care staff should accidents or incidents occur out of office hours. Care staff understood they needed to report and record any accidents or incidents that occurred when they provided people with support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Most people we spoke with said they thought that the care staff were reliable, always turned up, and stayed for the agreed length of time. One person told us, "The majority of the time [care staff] come more often than not, as expected. It's about five to 10 minutes either way." Another said, "Sometimes they send [care staff] in too early. I have asked them many times not to do this but they still sometimes do."
- People told us they received a rota every week giving details of the times that the care staff were going to arrive the following week and the names of the care staff.
- Several people said that these details changed during the following week and sometimes the office staff would not let them know. One person told us, "It would be better if they did not change the times on the rota. They should let you know if there is going to be a change of more than 30 minutes. There are too many last minute changes. Last night [care staff] came at 4.00pm when it was supposed to be 4.35pm."
- People's care plans were not always person centred or sufficiently detailed. This included risk assessments, social histories, and specific conditions such as dementia. Care staff also told us that more information was required. One care staff member said, "The care plans are sometimes not up to date enough, especially for newer care staff." Another said, "Sometimes I'd like to see more information on people's level of dementia, especially if they are new to the service."

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.

- The registered manager was aware of the AIS. They told us that they met people's needs by providing large print documents, braille, or sign posting people to more specialist services such as sensory support.
- Where people were living with dementia, a specific communication care plan was not in place so staff knew how best to support people to give their views in the most effective way.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. The service had not received any recent complaints. Those they had received were properly investigated.
- People told us they did feel listened to when they raised an issue, however, several people told us there were still on-going issues with the changes in rota's and times of visits, which they weren't always advised of.
- The registered manager told us they reflected on feedback and shared with care staff so any learning could be used to improve the service.

End of life care and support

- The service provided care for people at the end of their life. Care staff received training in end of life care.
- The registered manager told us that people's wishes were sought at this time and that these were respected. They also ensured relatives were involved as much as possible. They told us, "We provide the care the family sometimes can't do, such as personal care, and we support them to spend quality time with the person and listen to their views as well."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection the provider had failed to ensure that governance systems were identifying where improvements were required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some improvements had been made, they were not sufficient, and the provider therefore remains in breach of Regulation 17.

- Some improvements that had been identified as being required at our last inspection had been met but there remained some repeated issues.
- We found information held within care plans to be inaccurate or lacking in detail. Risks relating to health conditions were not always in place, so care staff had guidance. Further improvements were needed to ensure care plans and risk assessments were accurate and sufficiently detailed.
- Not all records had been reviewed in a timely manner to ensure information was up to date and detailed. One person told us, "The care plan should have been reviewed but no one turned up." A relative said, "I think [family member] needs an update on their chart."
- Several people told us that rotas changed at the last minute and they were not always made aware of the changes. They also reported that where visits were 30 minutes earlier or later than the agreed time, they weren't always advised of this. People told us this could impact on their day, such as the time they ate their meals, or the time they got up.
- Auditing systems had again failed to identify where improvements were needed.

The governance systems were not robust enough to identify and act when improvements were needed. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new registered manager in post who started in March 2020.

Continuous learning and improving care

- Care staff received training relevant to their role. However, we did find some training was overdue. The registered manager was addressing this with individual care staff.
- We were assured that each person's care records would be reviewed and updated with detailed

information, so care staff had clear guidance. The registered manager told us that during the pandemic, face to face reviews with people had to stop, and therefore this was partly due to the gaps in care records.

- The registered manager told us that they planned to transfer to electronic records which would include medicine administration records and care plans. They hoped this would bring further improvement to all documentation.

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 culture in the service was welcoming, friendly and person-centred. There was a strong collective sense of putting people first. One care staff member told us, "I love my job and I love the people I visit; they are fantastic. They come first"

- People's views had been sought through the completion of an annual survey. In July 2020, the majority of people and their relatives were positive about the service provided. People also made comments within the survey, such as informing them if care staff were going to be changed or be late in arriving. These comments were responded to by the registered manager, however, we did find this was an on-going issue for some people.

- The registered manager understood the duty of candour and offered an apology and/or involved relevant people when things went wrong.

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

- The management team were reported to be well organised, accessible and supportive to care staff, who felt encouraged and valued. One care staff member told us, "[Registered manager] is very supportive. I don't see them much but I do get sent emails." Another said, "[Registered manager] is pleasant and lovely. I do feel valued."

- The registered manager had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required. During the pandemic they had supported with hospital discharges so people could get home earlier. One social care professional told us, "I have to say they do go the extra mile. We did a joint visit the other day to a person, and it was a difficult situation, but they just got stuck in to ensure the person's house was arranged to ensure their safety and comfort."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not kept complete and contemporaneous records in respect of each service user 17 (1) (2) (a) (b) (c)