Mrs Susan Smith

One to One Community Care

Inspection report

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Date of inspection visit: 25 June 2015
Date of publication: 11/09/2015

Ratings

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

Overall summary

This inspection was undertaken on 25 June 2015.

One to One Community Care is a domiciliary care agency registered to provide personal care. The service supports people within a ten mile radius of their office location in the Crookes area of Sheffield. At the time of our inspection the service were supporting 40 people and employed nine care staff. A registered manager was in post at the service and they, and the owner of the service also supported people.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager and the owner of the service were both present during our visit to the service's office base.

We looked at the recruitment records for three members of staff. These provided evidence that the recruitment process in place was not robust and did not correspond with the provider's recruitment policy. Whilst we saw

Summary of findings

evidence that references had been requested to ensure prospective employees were of good character, none of the three staff files reviewed during our inspection contained completed references.

Support workers, the owner and the registered manager had received safeguarding training and were able to identify differing types of abuse. Staff told us that they would report any concerns to the owner or registered manager and were confident that they would take appropriate action.

We were not assured that the service had a sufficient understanding of the role of the lead agency in order to ensure that people were protected from harm by ensuring that safeguarding concerns were appropriately reported. Whilst the registered manager and owner said they would report any safeguarding concerns to social workers involved in people's care; both individuals were unaware of local safeguarding policies and procedures and did not have a copy of these. During our inspection the owner printed a copy of the local authority procedures and e-mailed their local authority commissioner in order to gain information about training courses about the procedures.

We spoke with the owner, registered manager and with two members of staff about the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA promotes and safeguards decision–making. The DoLS are part of the MCA and aim to ensure that people are supported in a way which does not inappropriately restrict their freedom. Each member of staff was knowledgeable about the MCA; however, our conversations identified that the owner, registered manager and one member of staff were less knowledgeable about the DoLS. Each individual acknowledged these shortfalls and the owner assured us that they would take action to address these gaps in knowledge.

Medicines were safely managed. People's care plans contained detailed information and risk assessments about their medication. Staff had received medication training and a number of other courses relevant to the needs of the people they supported. Staff also received supervision and an annual appraisal.

The owner told us that the service had good links with local GP practices and district nursing teams. People's care plans include information about their health care needs and were updated to reflect any changes and following conversations with health and social care professionals.

People were positive about the caring nature of staff from One to One Community Care. For example, one person described their care staff as, "Vey kind and caring." Our conversations with people and staff demonstrated that the service had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

People were provided with explanations and information about the service and we found that people were involved in the planning of their care and the writing of their care plans. Discussions with people and the owner of the service demonstrated a commitment to promoting and enabling people to maintain their independence.

We reviewed eight care plans and found that they were reflected people's individual needs and contained information about their preferences, backgrounds and interests.

A complaints process was in place. The owner told us that they had not received any complaints within the past year. People spoken with during our inspection told us that they felt able to raise any issues or concerns.

Care staff were positive about the owner and the registered manager and the way in which they led the service. When talking about the registered manager and the owner, one member of care staff stated, "They're both very approachable and there to help and support you when needed." A system was in place to continually audit the quality of care provided, This area of the service was being further developed by the recent recruitment of a specific quality assurance post.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The recruitment process reviewed during our inspection was not robust and did not correspond with the provider's policy. Whilst we saw evidence that references had been requested, none of the three staff files reviewed during our inspection contained completed references.

Staff, the owner and the registered manager had received safeguarding training and were able to identify differing types of abuse. The registered manager and owner said they would report any safeguarding concerns to social workers involved in people's care. Both individuals were unaware of local safeguarding policies and procedures and did not have a copy of these.

Medicines were safely managed and care plans contained detailed information and risk assessments about people's medication.

Is the service effective?

Good

The service was effective.

Staff had received training and demonstrated a good understanding of the

Mental Capacity Act (MCA) and how this applied in practice. There were some gaps in knowledge about the Deprivation of Liberty Safeguards (DoLS) which the owner acknowledged and agreed to address.

People's care plans contained detailed information about their healthcare needs. Information was updated following contact with health and social care professionals involved in people's care.

People received care that met their individual needs. Staff were qualified, skilled and knowledgeable about the needs of the people they visited and received appropriate support through the provision of training, supervision and appraisal of their work.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected and staff were knowledgeable about people's individual needs and preferences.

People were involved in the planning of their care and the writing of their care plans.

One to One Community Care were committed to promoting and enabling people's independence.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People were actively involved in the planning and reviewing of their care. Care plans reflected people's individual needs and were amended in response to any changes in need.

People were supported to access shops and other local resources and activities in the local community. The service hired a mini-bus twice a year in order to provide a seaside and Christmas trip for people.

A complaints process was in place. People spoken with during our inspection told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Staff were positive about the registered manager and owner and the way in which they led the service.

A quality assurance system was in place and was being built upon by the recruitment of a specific quality assurance post. Spot checks of care staff were undertaken and opportunities were provided for people and staff to provide feedback and influence the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

There were strong links with a number of local organisations which enabled people to remain in touch with their local community.

One to One Community Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 June 2015 and was announced 48 hours prior to our visit. This is in line with our current methodology for inspecting domiciliary care agencies and enables services to ensure that staff are available to speak with us. The inspection was undertaken by an adult social care inspector.

Prior to our inspection visit we reviewed the information received about the service in the form of notifications sent to the Care Quality Commission.

In order to gain the views of people supported by One to One Community Care we visited two people and contacted three people by telephone.

During our inspection we spoke with two members of care staff in order to ask about their experience of working for One to One Community Care. We also spoke with the registered manager and the nominated individual.

We reviewed a range of records during our inspection visit; including the care plans of eight people. We also reviewed a number of records relating to the running of the service. These included policies and procedures, three staff files, staff training records and quality assurance documents.

Requires improvement

Is the service safe?

Our findings

The people spoken with during our inspection told us that that they felt safe when being supported by One to One Community Care. One person told us,"I trust the carers and feel 100 % safe with them."

We spoke with the owner, registered manager and two members of care staff and examined three staff files in order to ensure that there was an effective process to ensure that employees were of good character and held the necessary checks and qualifications to work at the service. The owner said that following the receipt of an application form, suitable candidates were invited to attend an interview. If successful two references were requested together with proof of identity to enable a Disclosure and Barring Service check (DBS) to be undertaken. These checks help employers make safe recruitment decisions. Staff spoken with during our inspection confirmed the above process.

We reviewed three staff files and found they contained completed application forms, proof of identity and evidence that DBS checks had been undertaken. Each file evidenced that references from former employees and/or people who could comment upon the suitability of the employee had been requested. However, none of the files reviewed contained completed references.

We discussed our findings with the owner and registered manager. The owner said referees often failed to return references. They told us they had simplified their reference request form in the hope that this would result in a better return rate but said this had been unsuccessful. The owner said staff did not work alone until a DBS check had been obtained. The care staff spoken with during our inspection confirmed this. The owner reported that the induction of new staff included a minimum of two weeks of shadowing existing staff as well as herself and the registered manager. On completion of the induction, and in the event of no references being received, the owner said that she met with the registered manager to consider their observations of the new employee and those of other staff they had shadowed. They said that this information informed their decision about the employee's suitability in lieu of completed references. When asked, the owner said that this discussion was not recorded.

We reviewed the service's recruitment and selection policy and found that the service had failed to comply with their own policy which stated that a minimum of two references must be obtained and that, "Any offer of appointment will depend upon the satisfactory outcomes of references." The provider's failure to obtain references also meant that they had not complied with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This details the information which must be confirmed before candidates are formally employed. Whilst there was no evidence that this shortfall had placed people at risk, we were concerned that the procedure in place was not suitably robust. The owner and registered manager agreed with our findings and assured us that they would ensure that references were obtained for all future employees.

Our conversations and review of records provided evidence that staff had received safeguarding training. The staff spoken with during our inspection described differing types of abuse and the possible indicators of these. They told us that they would report any concerns to the registered manager or owner and were confident that they would take action and appropriately report any concerns.

The registered manager and owner said they had never needed to report any safeguarding concerns. Should they need to do so they said that these would be reported to the social workers involved in people's care as well as to CQC. The registered manager and owner were unaware of local safeguarding policies and procedures and did not have copies of these. We were not assured that the service had a sufficient understanding of the role of the lead agency in order to ensure that people were protected from harm by ensuring that safeguarding concerns were appropriately reported. During our inspection the owner printed a copy of the procedures and other relevant information from the internet and put this into an information file. The owner and also e-mailed their local authority commissioner in order to find out information about training courses about the local procedures.

Our review of records and our conversation with the nominated individual provided evidence that was an effective system was in place to record, analyse and identify ways of reducing risk. Staff were clear about the forms used to document accidents and incidents and the reporting process. The registered manager was knowledgeable about the bodies differing accidents and incidents needed to be reported to.

Requires improvement

Is the service safe?

Our review of care plans showed us that risk assessments were completed as part of the provider's assessment process. The risk assessments related to identified areas of risk and documented the measures and action needed to reduce risk.

People told us that the staff wore gloves and also washed their hands prior to and after supporting them to minimise the spread of infection. Each member of staff was to describe how they reduced the spread of infection. They told us that the provider ensured that supplies of personal protective equipment (PPE) were always in stock. PPE refers to items such as gloves and aprons which are used to control the spread of infection.

None of the people spoken with during our inspection needed support to take their medication. In order to assess that medication was dispensed, administered and correctly recorded we spoke with staff, reviewed information within people's care plans and looked at a sample of completed Medication Administration Records (MAR).

Members of care staff told us that they had received medication training and felt confirmed to administer it. The also told us that the registered manager undertook 'spot checks' of their competency to safely administer medication. Staff spoken with during our inspection provided detailed explanations of how they safely dispensed, administered and recorded people's medicines. They told us that they always checked that the amount of medication remaining in stock corresponded to the amount recorded on people's MAR chart and said that any shortfalls were recorded and reported to the registered manager.

We reviewed a sample of MARs. There were no gaps in any of the MARs reviewed and appropriate codes were used to document when medication had not been administered as prescribed. We also noted that stocks of medicines were recorded on each MAR chart reviewed.

Half of the care plans reviewed during our inspection were for people who received support with their medicines. We saw that each care plan contained information about the pharmacy responsible for dispensing people's medicines and the arrangements for safe storage of their medicines. Risk assessments relating to medication were completed when needed. For example, one person had a detailed risk assessment about the safe storage and administration of their oxygen both when at home and when out in the community.

We noted that each person's care plan included detailed information about the medication they took, the dosage and when this was required. There were also detailed instructions about how each medication needed to be taken. For example, one person's care plan stated that a certain medication, "should be given on an empty stomach with no food or drink consumed for 6 hours before taking it," and that another medication, "must be chewed or sucked and must not be swallowed whole."

Care staff spoken with during our inspection felt that the staff team worked and communicated well with each other in order to ensure that people received the support they needed. They said they were encouraged to contact either the registered manager or the nominated individual within and outside of office hours should they have any concerns. They told us that any calls made were answered quickly and in a supportive way.

Good

Is the service effective?

Our findings

People spoken with during the course of our inspection were positive about the support they received from One to One Community Care and told us that they were supported by consistent teams of carers who knew their needs. One person stated, "The staff do everything so well. They're lovely." Another person told us, "I look forward to them coming" and a third person described the support they received as, "Marvellous."

We spoke with staff and reviewed records about The Mental Capacity Act (2005), (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. The Act applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

The registered manager and the staff spoken with during our inspection were able to explain the MCA and provided examples of the actions they had taken after identifying changes in people's capacity. For example, the owner told us that a capacity assessment and a best interest meeting with a person's family and GP had taken place after care staff had reported that the person's health was deteriorating as a result of them forgetting to take their medication. They told us that this resulted in the person's medicines being dispensed into a prepared medication system which care staff then prompted them to take.

At the time of our inspection no one using the service was deprived of their liberty. One member of staff was knowledgeable about the DoLS. However, we found that the other member of staff and the owner and the registered manager did not have the same level of knowledge. Each individual acknowledged that there were gaps in their knowledge. An MCA and DoLS policy was in place and staff had received training about both frameworks. The owner told us that they would address this shortfall in order to support their staff and develop their own knowledge in order to be able to appropriately identify and report potential DoLS.

The members of staff spoken with during our inspection were knowledgeable about people's health care needs. People's care plans included information about their healthcare needs and details for their GP and other social care professionals involved in their care. The owner said they had good relationships with local GP's and district nursing team and told us that care staff were good at updating people's records to reflect any conversations with these professionals. Our review of people's care plans confirmed this.

People's care plans contained information about any dietary needs. Staff from One to One Community Care prepared and cooked meals and assisted people to eat if needed. One person told us that care staff were good at encouraging them to eat and drink during a period of ill health which resulted in them spending periods of time in bed. They told us the staff always left them with a cup of tea and also, "Made sure they left drinks and food for me to pick at." Both members of care staff spoken with during our inspection had received food hygiene training. They told us that some people they supported had swallowing difficulties and said they had received training about how to prepare meals and drinks to safely support these people.

People spoken with during our inspection felt that the staff were knowledgeable and had received appropriate training to know how to meet their needs. For example, one person who had a specific medical condition told us, "They understand [my condition] and how it affects me." Our review of records and our conversation with the owner confirmed that specific training courses were arranged to ensure staff were aware of and able to meet the needs of people with specific needs and conditions. For example, staff told us that training about chronic fatigue syndrome had been provided in response to previously supporting a person with this condition.

Our conversations and review of records showed us that staff were provided with appropriate training to enable them to carry out their roles and maintain their skills. Staff were positive about the training they had received and said that it was relevant to the needs of the people they supported. For example, they told us that they had received training about dental care, medication, moving and

Good

Is the service effective?

handling and basic first aid. Both members of staff were particularly positive about the dementia training they had received. One member of staff told us, "The dementia training helped me immensely. It covered different types of dementia and how they affect the brain. It helped me to see and understand that people have different issues due to the type of dementia they have."

The owner said they kept up to date about staff training courses and had arranged for all the staff to undertake the recently introduced Care Certificate. This is a set of identified standards to ensure that staff working in the health and social care sector have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate is primarily aimed at new workers, however, the owner said they wanted to ensure that everyone received the same level of training and had therefore supported all the staff to obtain this qualification. The care staff we spoke with said that this training had refreshed and developed their existing knowledge. An external training provider had delivered Care Certificate training and assessed the accompanying written portfolios completed by staff. The registered manager and owner had undertaken training to enable them to provide and assess this course in the future.

Both support workers told us that they received a comprehensive induction prior to working alone. This included some office based days to get to know how the service operated and undertake mandatory training. This was then followed by two weeks of shadowing established members of staff in order to get to know the needs of the people they would be supporting. Both members of care staff felt that the induction had prepared them for their role and were positive about the support they had received from the registered manager, the owner and their colleagues.

We looked at the arrangements in place about staff supervision and appraisal. Supervision sessions ensure that staff receive regular support and guidance. The registered manager told us that supervisions took place every quarter. Our review of records identified that some supervisions exceeded this timescale. The registered manager agreed with our findings and thought that they may have forgotten to document some of the less informal discussions which took place about work issues during staff visits to the office base. The staff spoken with during our inspection did not express any concerns about the frequency of their supervision sessions and said they could request and receive a supervision session should any issues arise. Staff told us and our review of records confirmed that an annual appraisal system was in place for staff to discuss any personal and professional development needs.

Good

Is the service caring?

Our findings

People spoken with during the course of our inspection were positive about the caring nature of the staff that supported them. One person descried the staff as, "Vey kind and caring." Two of the people spoken with during our inspection had negative experiences of a previous care company. Both of these individuals commented about the caring nature of the staff supporting them compared to their previous care providers. One person told us, "The carers are ever so nice, they really care. I wished I'd had them a long time ago." Another person told us that their previous care provider were, "hopeless compared to One to One."

Our conversations with people and members of staff provided evidence that One to One Community Care respected people's confidentiality and maintained people's privacy and dignity. One person told us, "The staff don't tell me about their personal problems. I know they go on to others after me but I've never heard them talk about them." Members of care staff explained how they maintained people's privacy and dignity and our conversations with people further confirmed this. One person described care staff as being, "Courteous and very good indeed," at ensuring their privacy and dignity when supporting them with personal care tasks.

We saw that people's care plans included information about their religious needs. Members of staff told us that they had undertaken equality and diversity training and our conversations with them demonstrated that they were knowledgeable and respectful of the differing cultural and religious needs of people who may access the service.

We found that One to One Community Care supported and encouraged people's independence. One of the people visited during our inspection told us that they began to receive support from One to One Community Care following a fall. They stated, "I'm feeling much better. I've improved bit by bit with time and help from the carers." As a result of the improvements they had made, this person told us that they were in the process of reducing the support they received from the provider.

A statement from the owner summed up and further demonstrated the commitment of One to One Community Care to maintain people's independence. The owner told us, "We're not there to take over; we're there to encourage people to carry on doing what they can and support them to maintain their independence."

People told us that the owner visited them in order to explain and provide information about the service. They told us that the owner invited them to contact her should they or their family have any further questions or queries about the service. Our conversation with the owner demonstrated that they were very aware that it was often a big decision for people to approach a care company and acknowledge that they needed additional support. They told us that they visited people in order to explain the service and their philosophy of supporting people to maintain their independence. They also told us that they provided a range of written information about the service and gave people time to consider this and make a decision about whether they wished One to One Community Care to provide their support.

We reviewed the care plans of eight people and found they provided evidence of a caring and respectful approach. For example, the care pan of one person living with dementia stated that the person could be repetitive and noted the need for staff to, "Listen and be patient and provide reassurance."

Good

Is the service responsive?

Our findings

People spoken with during our inspection told us that the care staff who supported them knew their needs, preferences and how they liked to be supported. One person commented, "The carers know what to do. I don't have to tell them." The same person also told us that the staff knew about them as an individual and the things which were important to them. For example, they told us that the staff asked about their interests and a particular hobby.

One of the people we spoke with had a fluctuating health conditions. They told us that the staff were observant in, "Spotting my down days," and in response to this adapted the support they provided and would, "Do a little bit more than usual."

People told us that are staff arrived on time and stayed for the period of time allocated for their support. One person commented, "The staff are always on time. They never cut the time short which means they don't rush you. It's been heaven; I'm really glad I found out about them." Staff spoken with during our inspection told us that calls were well scheduled and enabled spend the allocated amount of time with people and travel to subsequent calls. One member of staff told us that, on the rare occasions they had been late for calls they had contacted the office and the registered manager or owner had either contacted people to let them know they were running late or visited the person in order to provide the support.

We spoke with the owner and registered manager about a person's journey from the point of referral to support being provided. They told us that an enquiry sheet with basic information was completed upon received a referral. Following this, a visit was then arranged for either the owner of registered manager to undertake an initial assessment and to gain further information about the person and their needs. Risk assessments and a care plan were then completed if the person wished to receive support from the service.

We found that people were fully involved in their care plans and planning the support they needed to meet their needs. For example, the two people visited during our inspection told us that they were involved in writing their care plans and, once completed they were provided with a copy to check it was accurate. They told us that a final copy of the care plan was placed in the care folder which remained in their home. Our checks confirmed that these were in place.

Care staff told us they were always provided with a copy of people's care plan prior to visiting them for the first time. The owner told us that they or the registered manager personally introduced members of care staff to people prior to their support commencing. They stated, "I think it helps to put people at ease if they know who is going to be coming to the door." Staff and people spoken with during our inspection confirmed these introductions took place.

The owner told us that a review meeting with the person and/or their family took place one month after the service had commenced. They said that this meeting enabled them to check that the support met the needs of the person and make any changes to the person's care plan. Following this, people's care plans were reviewed each year with information being updated following any changes which occurred during the year. We found that people's care plans contained the date they had been reviewed but did not see any records to evidence the meeting with the person, their views about the care and any changes made. The registered manager and owner agreed with our findings. The owner told us that they would ask the person appointed to the newly created quality assurance post to develop a form to accurately record these meetings.

We reviewed eight care plans and found that they were person centred. The content of each plan was different and clearly reflected people's individual needs. Each care plan contained information about the care tasks people needed support with the times they wished this to be provided. When asked if information about people's preferences were recorded, the owner replied, "Yes, we record everything down to how many sugars people like in their tea." Our review of care plans confirmed that people's preferences were recorded. For example, we saw that they included information about how people liked to be addressed, their former occupation and preferred social activities.

One to One Community care supported some people to access shops and other resources in the local community. The owner also told us that they provided information about events in the local community and supported

Good

Is the service responsive?

people should they wish to attend these. They also told us that they hired a mini-bus a couple of times a year in order to take people on a seaside trip and to the theatre at Christmas time.

A complaints policy and procedure was in place. The owner told us that they had not received any complaints in the past year. People spoken with during our told us that they felt able to make a complaint if needed and were confident that this would be listened to and addressed by the registered manager. One person told us, "I wouldn't hesitate to complain but I haven't had cause to." Another person told us, "I've no complaints but I'm sure [the registered manager] would listen if I needed to complain."

During our inspection we found evidence of how One to One Community Care supported and coordinated people's transition between services. For example, at the time of our inspection the owner told us that they were supporting one person to move into a sheltered housing scheme. In readiness for this move, they told us that they accompanied one person with weekly Sunday lunch visits to their new accommodation. They were positive about the way in which these visits enabled the person to get to know their new surroundings, as well as share information about how to meet their needs.

Good

Is the service well-led?

Our findings

The two care staff spoken with during our inspection were positive about the way in which the owner and registered manager led the service and told us that they felt support by both individuals. One member of staff told us, "The owner keeps in close contact and knows what's going on." When talking about the owner and the registered manager, a second member of staff stated, "They're both very approachable and there to help and support you when needed."

Each care worker told us that they felt valued by the registered manager and the owner. They also told us that the registered manager and owner also passed on any praise they received from the people they supported. One member of care staff commented, "It's good to get feedback from service users, it makes the job worthwhile."

Members of staff spoken with during our inspection understood their roles and responsibilities and provided examples of issues which fell outside of these and had been reported to the registered manager. The staff handbook and other information reviewed during our inspection contained clear information about the differing staff roles and they types of issues which should be reported to the registered manager.

The registered manager had worked for the organisation for a number of years prior to becoming the registered manager earlier in the year. The owner of One to One Community Care was previously the registered manager. The new registered manager told us that owner was supportive and had spent time talking about the responsibilities of their role. In addition to this, the registered manager told us that they read information, such as information from CQC in order to ensure that they were up to date and had the required information.

We saw that there was a system in place to continually audit the quality of care provided. The owner told us that they had recently created and recruited to a 28 hour quality assurance post in order to further develop this area of the service. The successful candidate was not in post at the time of our inspection.

The registered manager told us that she regularly visited people's homes in order to undertake 'spot' and competency checks about different areas of staff practice. Our conversations with people, members of staff and our review of records confirmed that these visits took place. One person told us, "[The registered manager] has observed my carers a few times and asked me if I'm satisfied with everything."

We saw that information about the provider's quality assurance process and spot checks was included in the staff handbook and within the information pack given to people. Care staff were told us that they received feedback from the person observing their practice and were positive about how this enabled them to provide consistent, high quality care. For example, one member of care staff told us, "I get positive feedback as well as told when I've done something wrong. It's done in a nice, helpful way. It's good to know so I can put things right."

Our review of observation records demonstrated that spot checks were undertaken about differing areas of practice. For example, we saw that checks had been undertaken about medication administration, infection prevention and control and moving and handling. A number of other core elements of practice, such as time keeping, communication, team work and health and safety awareness were also incorporated into the spot check observation records. Any shortfalls were listed in each record together with the action needed. For example, a medication spot check for one member of staff had highlighted some gaps in knowledge and the need for further medication training.

People's opinions were sought by an annual questionnaire. At the time of our inspection the owner was in the process of finalising the content of the annual questionnaire. We also noted that each spot check document also included feedback from people about the support they received from the member of staff. For example, one record stated, "[My carer] is a really good carer. She looks after me well." Another person had commented, "I really enjoy [my care worker's] company, it lifts my spirits and she's very helpful."

The registered manager also undertook a number of audits in order to maintain and ensure the quality of the service provided. During our inspection we saw that audits of staff files, staff training and care plans had been undertaken.

The registered manager and the members of staff spoken with during our inspection told us that staff meetings took place every six to eight weeks or more often if there was information which staff needed to know about. Members of staff told us that they could also request staff meetings

Good

Is the service well-led?

should they wish to discuss or need guidance about a particular area of practice. They also told us that they documented agenda items for the staff meeting on a board within the provider's office base to ensure they were covered in the meeting.

The owner of One to One Community Care felt that providing support within a 10 mile radius of their office location enabled them to develop links with organisations in the local community. For example, they told us that they sponsored a Christmas tree in the local church and took people who used the service up to the church for coffee and to assist in decorating the tree if they wished. They also told us about the link they had with a local community forum and how this had enabled people they supported to maintain links within the local community; for example, One to One Community Care supported people to attend coffee mornings at the local church organised by this forum.