

Mrs Susan Smith

One to One Community Care

Inspection report

208 -210
Northfield Road
Sheffield
S10 1QU

Tel: 07909591342

Website: www.onetoonecommunitycare.co.uk

Date of inspection visit:

26 May 2022

27 May 2022

Date of publication:

22 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

One to One Community Care is a domiciliary care service which provides personal care to older people living in their own homes. At the time of this inspection there were 13 people using the service.

Not everyone who uses a domiciliary care service receives personal care. CQC only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided to them.

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

People using the service and their relatives were very happy with the care and support they received. It met their needs and was tailored to their preferences. People, their relatives and staff all felt the service was well-organised and well-run. The provider was highly involved in each person's care. However, the provider's governance and quality assurance systems needed to be improved to ensure all aspects of the service were robustly assessed and monitored.

People's medicines were not managed safely. People's medicines records did not contain enough information to ensure people received their medicines as prescribed. The provider confirmed they would address this as a priority. Staff were aware of their responsibility to keep people safe and safeguard them from abuse. There were systems in place to protect people from the spread of infections.

People were supported by a small staff team, who knew them well. Staff turned up on time and delivered the care people needed during each care visit, whilst respecting people's routines and preferences. People told us staff were very kind, caring and compassionate. People and their relatives were involved in making decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

Staff were supported by the provider to develop the right skills for their roles. People and their relatives told us staff appeared to be well trained and staff told us they were very well supported. However, some of the provider's systems and processes designed to ensure staff remained competent and skilled had not been completed.

People knew how to complain if they needed to and people's feedback was regularly obtained by the provider. However, people's feedback was not always recorded to ensure it could be used as part of a quality assurance system to improve the service.

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

Rating at last inspection

The last rating for this service was good (published 9 January 2018). This rating was awarded when the service was based at a different address.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach of regulation in relation to safe care and treatment, specifically in respect of the management of medicines. We have also identified a breach of regulation in respect of the provider's governance and quality assurance systems.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

One to One Community Care

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 Act.

Inspection team

This inspection was completed by an inspector and an Expert by Experience. 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 houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 27 May 2022. We visited the location's office on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually

with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with three members of staff and the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider did not have suitable systems in place to ensure medicines were managed safely.
- The provider had not ensured people's records contained enough information about the medicines they needed support with, or the level of support people needed from staff. Staff did not have access to enough written guidance to support them to manage medicines safely.
- The provider had not regularly checked staff were competent to manage medicines.
- The provider was not operating an effective audit system to ensure they continued to follow best practice guidelines and could quickly identify and resolve any issues with medicines management.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we with identified with the management of medicines, people and their relatives raised no concerns about the support they received with their medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems in place to assess and manage risks to people. However, some risks were not adequately assessed. For example, risks associated with individual medicines and creams were not documented, which meant people's care plans did not always contain enough information to support staff to mitigate risks.
- Risks associated with people's environment were being assessed but these assessments had not been completed for everyone using the service at the time of this inspection.
- Although some improvements were needed to the provider's records in respect of the management of risk, people told us staff kept them safe. A person commented, "Yes they do make me feel safe. I have to be very careful not to have another fall, so they prompt me to be careful."
- Staff were aware of how and when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Staffing and recruitment

- There were enough staff employed to meet people's needs. Staff were allocated enough time during each care visit to meet people's needs effectively.
- People and their relatives told us staff turned up on time. A relative commented, "The carers are always on time and if they are ever going to be late, which is not often, they let me know so I can pop round to check all

is ok."

- People received support from a consistent staff team which supported good continuity of care. Comments included, "The good thing is we have three carers and it's always the same staff each time" and "There's three main carers and the provider. They are all fantastic."
- The provider had not recruited any new staff recently and had a well-established, long term staff team. We viewed two staff files and noted some information was missing which the provider agreed to address. The provider was aware of the recruitment checks they would need to complete to ensure any new staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. People told us they felt safe when being cared for by staff. People's relatives raised no concerns about their family member's safety. Comments we received included, "They are very good, and I feel safe with them" and "It's a great service and I do feel as though [my relative] is safe in their hands."
- Staff were aware of the need to raise any concerns immediately with the provider, so any necessary action could be taken. Staff were confident the provider would act on any concerns they raised to ensure people were safe.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant there was a risk people's care would not always be effective as some systems were not operated effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of supporting people to make their own decisions and obtaining consent before care was delivered. People told us staff always asked for their consent before they provided any care. Comments included, "They always check with me before doing anything" and "Yes, they always seek consent."
- When the provider concluded a person lacked capacity to make decisions about their care, staff consulted with other appropriate individuals such as their family members to ensure any decisions were made in the person's best interests. However, the provider did not have records to evidence how and when people's capacity to make their own decisions had been assessed. They had not followed their own consent to care policy which required any capacity assessments to be documented.
- The provider had not obtained copies of relevant decision-making documents, to ensure the MCA was always followed. For example, when people had made a Lasting Power of Attorney, which granted other people authority to make decisions for them, the provider had not obtained a copy of this document. This meant the provider and the staff did not have clear information about which decisions each attorney was authorised to make.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff received a planned, structured supervision in line with their own policy on staff supervision. The provider informed us they had fallen behind with supervision meetings due to the COVID-19 pandemic, as care delivery had been their priority during that time. Despite this, staff told us they felt very well supported by the provider. They said they were able to seek advice and support whenever

they needed to.

- The provider had stopped conducting spot checks and competency assessments of staff during the COVID-19 pandemic. However, they had a very well-established staff team and continued to regularly seek feedback from people to ensure they were happy with the care they received. The provider confirmed they planned to re-start spot checks and competency assessments shortly after this inspection.
- Staff received a range of training to ensure they were competent and equipped to deliver good quality care. Staff were happy with the training they received. People told us they thought staff were knowledgeable. A person commented, "They are very good and know what they are doing."

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

- People's needs were assessed before they were provided with a care and support package, to check what care they needed and how they wanted it to be delivered. People and their relatives told us they were involved in planning and arranging their care, to ensure it was tailored to their preferences.
- People and their relatives confirmed their choices were respected and adhered to. Everyone we spoke with was happy with the care they received. People and their relatives commented, "The care is marvellous", "I've never had any issues. They are very helpful. We work well together. I am very happy at the moment" and "It's an all-round good service."

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

- People's nutrition and hydration needs were assessed and this included consideration of whether people needed a special diet due to health or cultural reasons.
- People's care records would have benefitted from additional information about their nutrition and hydration preferences, to ensure staff had access to this information.
- People were happy with the support they received with their meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider communicated with other professionals involved in people's care, as and when required. This helped to ensure people's care was well-coordinated between different health and social care services.
- People were happy with the support they received to access other services. Comments included, "If I wasn't well they would ring the doctor" and "The carers seem to know what they are doing and if they are worried or concerned they ask me to contact the District Nurse or they contact the nurse on my behalf."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and everyone we spoke with emphasised how staff treated them very well. Comments included, "The carers are lovely, and I really look forward to them coming", "The carers are lovely people and we get on very well with them" and "The carers have become like friends. They treat [my relative] with friendliness and respect and are very professional."
- As people were supported by a small number of staff, this had enabled the staff to develop positive, supportive relationships with people using the service.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives were involved in making decisions about their care. They were involved in planning their care and were supported to make day to day decisions about what care they wanted at each visit.
- People found it very easy to communicate with the service. This helped to ensure people could express their views and ask for things to be done differently when necessary. A person commented, "They are very good at communicating with me. We have two-way communication and they are very approachable."
- People's feedback about their care was used to make changes to their care and support package, to ensure it continued to meet their needs in the best way. However, this feedback was not always documented to help demonstrate how people were being continually involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People's relatives told us, "It is difficult to have care as it's such a private, personal thing, but [my relative] does not feel embarrassed which I think is a reflection on the carers and how they are" and "They are very good at respecting dignity and privacy, and they do listen to [my relative]."
- People were supported to retain their independence. People and their relatives said, "They are helping with the balance of care versus independence" and "[My relative] is very independent and they are helping them to maintain that independence."
- Staff displayed a clear desire to treat people in a person-centred, dignified way and they spoke very respectfully of the people they supported.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The care and support people received was person-centred and tailored to each person's needs.
- People's care plans contained guidance about the care they needed during their care visits. However, they would have benefitted from additional detail about people's preferences, likes and dislikes. Despite this, it was clear staff had been given enough information about how people wanted their care to be delivered. Everyone we spoke with told us staff knew them well and respected their preferences. A relative commented, "They really take an interest in our lives and make sure we have all we need."
- People and their relatives told us the service was flexible and responsive to their needs. Comments included, "The carers are very responsive. If I need the carers to go in twice more a day, the provider has always met that need and I can stand them down just as quickly" and "The carers and the provider have always been very responsive to any changes [in my relative's needs]."

Meeting people's communication needs

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

- People's communication needs were assessed and met. People's care records contained information to support staff to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place to support them to manage any complaints they received effectively. Their complaints procedure was made readily available to people who used the service.
- The service had not received any recent complaints. People and their relatives told us they and their family member knew how to complain if they needed to.
- People and their relatives told us the provider was very approachable and they would not hesitate to ring them if they had any concerns.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of this inspection. However, the provider did have suitable systems in place to work alongside other health and social care professionals to

support people to receive coordinated and compassionate support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. The provider's systems and processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People's experience of the service was positive; however, some aspects of the provider's governance and quality assurance system did not promote safe, high-quality care. The provider's policies and procedures were not always followed.
- The provider's quality assurance system was not robust. The provider had not operated an effective audit system regarding the management of medicines to ensure medicines continued to be managed safely. The provider had not identified the issues we found with the management of medicines during this inspection.
- Some quality assurance checks had not been completed for a significant period of time, such as regular, planned supervision and appraisal sessions for staff, or a structured system of regularly assessing staff's competence to manage medicines. Other systems needed to be established and embedded to formally monitor the quality and safety of daily records, medicine records, staff files and care files.

The provider's governance and quality assurance systems were not robust and were not fully embedded. This placed people at increased risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified improvements were needed to the provider's governance system and records, we found no evidence this impacted on the quality of people's care. The provider was highly involved in people's care and as a result we were assured they were able to act on any quality and safety concerns quickly.

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

- The provider made themselves easily available to people using the service, their relatives and the staff, so they had opportunity to share any concerns or feedback. Relatives commented, "They are accessible all the time. [My relative] can ring them anytime", "They are very good at ringing me and keeping in contact and I can ring them" and "[The provider] is very easy to chat openly to."
- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.

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

- The service had an open culture and staff were confident any concerns they raised would be dealt with appropriately by the provider. Staff morale was positive, and staff told us they enjoyed their jobs.
- The provider promoted a person-centred culture and encouraged staff to be flexible and responsive to people's needs.

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 provider had a suitable policy in place in respect of the Duty of Candour. At the time of this inspection there had not been any incidents which required the provider to take action under their Duty of Candour policy.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided, to assess, monitor and mitigate risks to service users and to maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1) (2) (a) (b) and (c)