

Ms Beverley Gregory

One 2 One Private Care Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 23 and 24 June 2016, and was an announced inspection. The provider was given 48 hours' notice of the inspection. The previous inspection on 28 and 29 April 2015 found a breach in records, relating to care planning and risk assessments, and a further breach in relation to staff training, supervision and appraisals, both breaches had been addressed.

One 2 One Private Care Services provides care and support to adults in their own homes. It provides a service mainly to older people and some younger adults and people who have a learning disability. At the time of the inspection it provided a personal care service to 7 people. They provided short visits to people and would provide 24 hour care to support people if required. The service provided care and support to people in Ashford and surrounding areas.

The service does not require a registered manager as the provider manages the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

People managed their own medicines. Staff were applying creams as part of personal care routines and proper records were maintained.

Risks associated with people's care and support had been assessed. Guidance had been improved to ensure people were kept safe.

People and their relatives were involved in the initial assessment and the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. Care plans were reviewed periodically and reflected people's current needs.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. People's visits were allocated permanently to staff rotas and these were only changed when staff were on leave. People received a service from a very small team of staff. New staff underwent an induction programme, which included relevant training and shadowing senior staff, until they were competent to work on their own. Staff received training appropriate to their role and most staff had gained qualifications in health and social care.

People told us their consent was gained at each visit. People were supported to make their own decisions

and choices. One person was subject to an order of the Court of Protection and another had a Lasting Power of Attorney in place. Some people chose to be supported by family members when making decisions. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The provider understood this process.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. The service worked jointly with health care professionals, such as occupational therapists.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs very well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us that communication with the office was good and if there were any queries they called the provider and they always responded immediately. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been positive. People felt the service was well-led and well organised and the provider took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

There were systems in place to monitor that the service ran effectively. The provider's had a philosophy and set of principles, which were included in the staff handbook. We found these principles were followed through into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks associated with people's care and support had been assessed and guidance was in place to ensure they were kept safe.

People managed their own medicines, but staff applied prescribed creams and appropriate records were maintained.

People were protected by safe recruitment procedures and there were sufficient numbers of staff to meet people's care and support needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received appropriate training, supervision and appraisals to ensure they worked effectively.

People received care and support from a very small team of regular staff. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as occupational therapists to resolve and improve any health concerns.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff listened acted on what people told them.

Is the service responsive?

The service was responsive.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated, but looked forward to staff visits each day.

Good ●

Is the service well-led?

The service was well-led.

There was an open and positive culture within the service, which was focussed on people.

There were systems in place to monitor the quality of care people received.

The provider worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Good ●

One 2 One Private Care Services

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 checked 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 23 and 24 June 2016 and was announced with 48 hours' notice. The inspection carried out by an inspector due to the size of the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, two staff recruitment files, staff training, supervision and appraisal records, visit schedules, medicine and quality assurance records and surveys results.

We spoke with three people who were using the service, which we visited in their own homes; we spoke with four relatives, the provider and three members of staff. We sent out surveys and received feedback from two people.

Following the inspection we contacted two health care professionals who had had contact with the service and received from both.

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person said, "Yes absolutely". People surveyed indicated that they felt safe from abuse or harm from staff.

People told us they or a relative managed their medicines although in three cases staff were applying creams during personal care routines. At the previous inspection we found shortfalls in the management of medicines and the provider had taken steps to address the shortfalls identified.

There was a clear medicines policy and procedure in place. Staff had received training in medicine administration and had their knowledge and competency checked. Previously when staff had administered prescribed creams there had been no records maintained. Care plans contained information about, which creams should be applied, where and when. The provider had introduced topical medicine record books and these were completed by staff as required.

People told us that they felt risks associated with their care and support were managed safely and they felt safe when staff moved them. Risks associated with people's care and support had been assessed. For example, risks in relation to people's environment, choking, maintaining healthy skin and moving and handling people. At the previous inspection although actions were taken by staff to keep people safe these were not always detailed in the risk assessment or care plan. The provider had reviewed and expanded the guidance to ensure staff had clear information about what action to take in such circumstances, in order to keep people safe. People and staff told us that visual checks were undertaken on any equipment used at each visit, although people told us they arranged when hoists were serviced. Staff talked about when there had been a problem with a sling, which was reported and quickly replaced.

The provider told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to 4x4 vehicles and staff working locally to where they lived, to ensure people would still be visited and kept safe. The provider also provided salt to staff to clear frosty paths and walkways.

People were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

There was a safeguarding policy in place. Staff had received training in safeguarding adults or were booked to attend; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been no safeguarding alerts since the last inspection although the provider was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People had their needs met by sufficient numbers of staff. People told us and those surveyed indicated that

staff turned up on time, stayed the full time or did all the tasks required. In the provider's recent quality assurance surveys people had rated staffs timekeeping as good. People told us if staff were running late they were advised by telephone. All of people's visits were allocated permanently to staff schedules and these were only changed when staff were on leave. The provider kept staffing numbers under review as they did the permanent scheduling of visits and monitored any leave closely. This was a very small service and if there were high levels of sickness or an emergency the provider or senior staff covered visits. There was an on-call system covered by the provider and senior staff, which people could access if they needed to.

Is the service effective?

Our findings

People and their relatives told us they were very happy with the care and support they received. One relative had written a compliment letter in which they said they had been very happy with all the care and support their relatives had received.

People and relatives told us staff had the right skills and knowledge to provide care and support that met people's needs. People surveyed felt staff were competent to provide the care and support to meet their needs.

Staff understood their roles and responsibilities. At the previous inspection there were shortfalls in staff training and staff receiving supervision and appraisals. The provider had taken action to address these shortfalls.

Staff undertook an induction, which included training courses and shadowing either the provider or a senior member of staff until it was felt they were competent to work alone. Staff had a three month probation period to assess their skills and performance in the role. The provider told us staff received initial training and this was refreshed periodically. Training included moving and handling, food hygiene, Mental Capacity Act, medicines, health and safety, infection control and safeguarding. Staff also undertook training in dementia and stroke awareness. At the time of the inspection new staff had already undertaken most of this training and were booked to attend the other courses. Staff felt the training they received was adequate for their role and in order to meet people's needs.

Four of the five staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff had opportunities to discuss their learning and development during supervision and appraisals. Staff said they felt very well supported. Records confirmed staff had spot checks on their practice. Spot checks were undertaken unannounced, either by the provider or a senior member of staff, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice, such as moving and handling, handling of medicines, infection control, food hygiene, and respect and offering choices to people. In addition team meetings were held and staff were able to discuss any issues and policies and procedures were reiterated.

There had been a considerable change to the staff team since the last inspection although people told us they received a service from a very small team of staff. Records confirmed that continuity of care was very good. The provider told us that following an initial assessment of people's needs they matched a member of staff to cover the visits. The matching process was based on people's preferences and staff skills and experience. The provider told us that they or a senior member introduced new staff to people prior to them working and staff then worked alongside the provider or senior staff until they were familiar with the

person's routine. People surveyed indicated that they were introduced to staff before they provided care. People told us they knew who was coming because staff told them or they received a schedule of visits in advance. In the provider's recent quality assurance surveys one person had commented that the strength of this service was having the same staff visit them. One staff member agreed that the matching process was good.

People said consent was achieved by staff discussing and asking about the tasks they were about to undertake and made their own choices. People said staff offered them choices, such as what to wear. In the provider's recent quality assurance surveys people rated the choices offered to them by staff as very good.

Staff were trained or booked to attend training in Mental Capacity Act (MCA) 2005. The provider told us that one person was subject to an order of the Court of Protection; one person had Lasting Power of Attorney arrangements in place and one a Do Not Attempt Resuscitation (DNAR) in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The provider told us they had been involved in a best interest meeting about the future arrangements of a person's care and support. The decision making had involved the person, their care manager, family and staff. They demonstrated they understood the process to be followed.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. The provider told us there was no one at risk of poor nutrition and most people required minimal support with their meals and drinks if any, which was supported by records. Staff usually prepared a meal from what people had in their home. One person used a straw to drink as this made it easier for them and used wide handled utensils. In recent quality assurance surveys people had rated the meals that staff prepare as good or excellent.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health or if people were 'not themselves'. A relative told us how staff always commented when they noticed any changes. Appropriate referrals were made to health professionals. For example, a recent referral had been made to the occupational therapist to assess for equipment and a new bed had been ordered. Information about most people's health conditions were incorporated into people's care plans to inform staff about people's health needs. Where people were at risk of pressure sores staff were observant and reported any concerns if they were worried about an area and a relative told us how staff had worked well with the tissue viability nurse.

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. People and their relatives told us this sometimes included the use of good humour. People and relatives were very complimentary about the staff. Comments included, "We are most fortunate, they are all nice". "They are attentive". "They are all excellent". "They will always help and do extra if needed". "You get the personal touch from them". "They are polite and courteous". "(The provider) is certainly always attempting to find new staff of the right calibre. She is choosy and it pays off". "I am more than satisfied with everything they do for us. Nothing is too much trouble". "They make us laugh".

In the provider's recent quality assurance surveys people had completed they rated the professionalism, helpfulness and friendliness of staff as good or excellent.

One relative had written a letter of compliment to the service to say they had been very happy with the service their family member's had received. They said, "All your team have been so friendly and genuinely concerned". I know (family member) will miss the ladies coming in".

People told us they "absolutely" received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. The provider and staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection the provider and staff talked about people in a caring and meaningful way.

People and relatives told us people's independence was encouraged wherever possible and talked about how staff encouraged people to do what they could for themselves.

People told us they and sometimes their family were involved in the initial assessments of their care and support needs and planning their care. People said the provider visited periodically to talk about their care and support and discuss any changes required. People felt their care plan reflected how they wanted their care and support to be delivered. People told us that communication with the office was good and if there were any queries they called the provider and they always responded. The provider told us at the time of the inspection most people that needed support were supported by their families and no one had needed to access any advocacy services.

People told us they were "always" treated with dignity and respect and had their privacy respected. In the provider's recent quality assurance surveys people and relatives rated the level of privacy offered by staff as good or very good. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

The provider and two members of staff were dementia friends. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. Staff told us it was about gaining and updating knowledge, volunteering and giving back to the community and raising awareness.

Is the service responsive?

Our findings

People surveyed indicated they were happy with the service they received. People told us they and or their relative were involved in the initial assessment of their care and support needs and in planning their care. They had signed their care plan as a sign of their agreement with the content.

At the previous inspection care plans had not always been up to date reflecting people's current care and support needs. They also lacked evidence of reviews and varied in detail about people's wishes and skills, to ensure staff promoted people's independence.

Assessments were undertaken by the provider or senior staff. People and the provider told us that they or a senior member of staff covered the visits for at least the first week to ascertain the person's preferred routines and iron out any concerns or issues. During this period the care plan was developed. Following this staff who would undertake the visits regularly were introduced and worked alongside the provider/senior staff until they also became familiar with the person's preferred routine and their care plan.

Care plans contained information about what support people required. This included what they could do for themselves and what help they needed from staff. Care plans contained information about people's wishes and preferences in relation to their personal care and where staff would find things that they needed to support the individual. Care plans were reviewed periodically by the provider or senior staff, to ensure that any changes could be identified. One person had written on their review record "Excellent service couldn't beat it". Care plans reflected records made by staff and discussions with people about their care and support during the inspection.

People felt they got the care and support they wanted that did reflect their preferences and wishes. The provider and staff were knowledgeable about people's preferred routines that they visited.

Most people accessed the community to socialise or meet up with friends and family members so were not socially isolated. Staff provided care and support for one person to enable their main carer (a family member) to have a break. One relative told us how their family member really looked forward to the staff visiting and how this "broke up the day".

People felt confident in complaining, but did not have any concerns. People had information about how to complain within the folder kept in their home, so they would know how to complain. This included the timescales in which they would receive a response. The service had received no complaints in the last 12 months. The provider told us they would thoroughly investigate any complaint and take action to help reduce the risk of further occurrence.

People had opportunities to provide feedback about the service provided. The provider undertook visits to people to carry out their care and support or undertook reviews, so during this time people were able to feed back about the service they were receiving. People told us they or their relatives had completed questionnaires to give their feedback about the service provided. Those held on files in the office were very

positive.

Is the service well-led?

Our findings

People and relatives felt the service was well-led and well organised. Comments included, "(The provider) is very good, able to cope with whatever we throw at her. She is responsive and caring and we can ring her at anytime". "(The provider) keeps a firm grip on the day to day running and she goes the extra mile in letting you know what is going on and gives us solutions". "(The provider) is hard working". "(The provider) is a go getter, we are very happy with One 2 One".

In the provider's recent quality assurance surveys people had rated the overall impressions of the service provided as good or excellent and the quality of care and management and office staff as very good. One person had commented they could not think of anything that needed to change as they were satisfied with their care. People we surveyed indicated that they would recommend this service to another person.

At the previous inspection the provider was unable to produce some records required during the inspection; other records were not easily accessible or were incomplete or not up to date. During this inspection this was not the case; records were accessible, complete and up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of issues within the service. Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date.

The provider managed the service themselves and there was no requirement to have a registered manager in place. They had owned and managed the service for 12 years. The provider worked full time in the office and was also out and about undertaking assessments, reviews and some care and support visits. They were supported by two senior staff that both worked some hours office based and they undertook care and support visits as well. People and relatives all spoke highly of the provider. They felt very comfortable in approaching and speaking with them. Staff felt the provider motivated them and the staff team. The provider organised team building social events, such as a Christmas meal.

During the inspection there was an open and positive culture within the office, which focussed on people. The provider told us they adopted an open door policy regarding communication. People felt communication with the office was good. The service was very small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. The provider worked alongside staff and saw problems as and when they occurred. Staff felt the service was well-led. Staff told us the provider was very very quick to respond to concerns and resolve them. They felt she had a lovely approach to both people and staff.

Staff understood their role and responsibilities and felt they were well supported. There were arrangements in place to monitor that staff received up to date training, had regular team meetings, spot audits and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. There were also arrangements to monitor that people received regularly reviews and opportunities for feedback.

The service was a member of Age Concern. The provider told us that using the internet was how they

remained up-to-date with changes and best practice. They also received magazines from organisations, such as The Carer and Age UK life.

The provider's philosophy and principles were included in the service user guide. The provider told us staff were aware of the philosophy of the service through induction training and the staff handbook. Staff told they felt the service was a very caring service and promoted independence. They treated people how they would want to be treated. These statements reflected the provider's philosophy and principles.

People and/or their relatives completed quality assurance questionnaires to give feedback about the services provided. These were all positive, but the provider told us if there were any negative comments they would visit the person to discuss the concerns and use this to drive any improvements required to the service. In the provider's recent quality assurance surveys relatives felt that they had time with management to discuss any issues that may concern them.