

One To One Home Care Agency Limited

Progress House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Progress House is registered to provide personal care and support to people living in their own homes or in supported living accommodation. At the time of our inspection Progress House was providing support to 85 people.

People's experience of using this service:

- People told us that care staff were kind and caring in their interactions with them. People told us that staff knew their needs well, and were reliable. Some people told us their calls were sometimes late, but they could rely on staff attending at each planned visit.
- People were not always protected against the risks associated with the unsafe management and handling of medicines. Documentation was poorly completed.
- Auditing processes had failed to identify issues with medicines documentation and administration which put people at risk of harm.
- Late visits were not being monitored by the management team to ensure that care was carried out in a timely manner.
- Further improvements were needed to ensure care plans and risk assessments were accurate and sufficiently detailed.
- There were sufficient staff to cover all visits. Recruitment procedures were in place to ensure staff were suitable for their roles.
- The principles of the Mental Capacity Act (2005) were adhered to.
- People were supported to eat and drink enough to maintain a balanced diet.
- People had access to healthcare professionals when required.
- Staff knew how to care for people and received training in their roles, and support from the registered manager.
- The registered manager was open and transparent and welcomed feedback from us. They demonstrated a commitment to putting systems in place which would promptly address the issues we found.
- We found the service had deteriorated and met the characteristics of a 'Requires Improvement' rating in safe, responsive and well-led. This meant the overall rating was 'Requires Improvement.'

Rating at last inspection: At the last inspection the service was rated Good (Report published June 2016).

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as Good.

Enforcement: Action we told the provider to take is outlined at the back of the report.

Follow up: We will continue to monitor this service according to our inspection schedule in line with the rating of 'Requires Improvement.'

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Progress House

Detailed findings

Background to this inspection

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

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

Service and service type: Progress House is a domiciliary care agency. It provides personal care to people living in their own homes or in supported living accommodation. There were 85 people using the service at the time of our inspection visit. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager was available to speak with us.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us of and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This was an announced, comprehensive inspection carried out by two inspectors. Inspection activity started on 13 February 2019 when we visited the office premises and ended 18 February 2019. The experts by experience spoke with 20 people who used the service, and seven relatives. These calls were carried out on the 14, 15 and 18 February 2019.

We also spoke with the registered manager, and four care staff who worked at the service. The registered

manager from the provider's other location was also present during the inspection visit and took time to speak with us.

Prior to the inspection we spoke with the local authority safeguarding and quality assurance team. Following the inspection we spoke to one social care professional.

We looked at nine care records in relation to people who used the service. This included medicines records. We also looked at four staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

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

- Systems for recording and administering medicines were unsafe. Medicine administration records (MAR) were poorly completed by staff, and did not always include details on what dose should be given, or how frequently medicines should be administered.
- Where medicines were given from a pharmacy pre-filled pack, there was no details on medicines contained within this.
- Some records were illegible and we could not determine what medicines had been given.
- Controlled drug charts completed by staff did not include the drug being administered or the dose. Staff needed clearer guidance to ensure medicines were given in line with the prescribers instructions. In one case we found they had not been.
- We could not determine if topical medicines such as creams and lotions were given in line with the prescribers instructions due to gaps in records where staff had not signed. Records in relation to topical applications were particularly poor.
- Protocols were not in place for PRN (as required) medicines. This is important to ensure they are given consistently and appropriately by staff.
- Medicines risk assessments did not always contain accurate information to support staff to ensure medicines were administered safely.
- Staff received training in managing medicines and observed practice to assess competency. However, errors we found indicated staff were not competent with completing documentation relating to medicines.
- Medicines audits had failed to identify poor recording and completion of MAR charts.

Assessing risk, safety monitoring and management

- Risk assessments relating to the likelihood of developing a pressure ulcer were not always clear. Where people were scored as high risk there was not an associated plan of care, or guidance for care staff on vulnerable areas of skin to check whilst delivering personal care.
- Where people had health conditions such as epilepsy or diabetes, there were no risk assessments in place. The registered manager addressed this promptly following our feedback.
- Moving and assisting assessments were not always accurately detailed or updated so care staff knew how to move people safely.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks within people's home environment were documented so staff were aware. This included risks

associated with trip hazards and other potential areas of risk, such as open fires.

Staffing and recruitment

- The registered manager told us that staffing levels were good, and recruitment had been positive.
- There were enough staff to cover all calls. However, staff told us that sometimes the travel time of five minutes was not always sufficient time to travel from one call to another. One staff member said, "Five minutes allowed between calls; not enough if travelling from one end of the town to the other, but some calls are just round the corner."
- We received mixed views in relation to carers being punctual for their visits. One person said, "They are sometimes late but not always. They don't rush, they do what they have to do." Another said, "They are on time more or less and stay the correct length of time". A third told us, "The rota is sent weekly; name [of carer], time due. They now ring up to check if it's okay if they come a bit early or a bit late."
- The registered manager told us that since they introduced a call monitoring system, the number of missed visits had reduced. Records reviewed confirmed this. Where visits had been missed in 2018, the registered manager had taken appropriate action to address this. This included internal communications, active recruitment and disciplinary action where required. There had been no missed visits in January and February 2019.
- There was no log of late visits which had occurred. The registered manager told us that they were in the process of formulating a system to monitor late calls. It is necessary to have this information to ensure people are receiving their care in a timely manner.
- Suitable recruitment procedures were followed. Records showed that appropriate checks were in place before staff started work.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training.
- The provider had reported, as required, any safeguarding concerns to the local authority and the Care Quality Commission without delay.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infections.
- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- Regular meetings were held with staff as an opportunity to reflect on incidents and discuss with staff how they could improve practice in different areas. This included poor recording of medicines.
- Accidents and incidents were appropriately recorded. Investigations were carried out with actions put into place to reduce the risk of these reoccurring.
- Management were keen to develop and learn from events. During the inspection visit we told the registered manager about our concerns regarding medicines documentation. The next day they sent us a robust action plan outlining what they would do to improve this. There were prompt timescales for completion of this work.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were obtained from health and social care professionals prior to people's care packages starting. These were used to help plan people's care.
- A social care professional told us, "They are quite observant and pro active if they have an issue with any [people using the service]."
- The service used technology to improve the monitoring of care calls. They had also ensured this met GDPR (General Data Protection Regulation) requirements. The electronic systems used had robust security systems in place to protect all sensitive information held on their data base.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, which included safeguarding/MCA, medicines, moving and handling and emergency treatment.
- Though staff had received training in medicines management, we found staff not to be competent in completing documentation relating to people's medicines. An accountability meeting was held with care staff two days prior to our inspection visit to discuss the issues found.
- There was a comprehensive four day induction process for new staff, which included training and shadowing of experienced staff.
- Staff received supervision and appraisal sessions. One staff member said, "We receive supervisions every three to six months. We get observed too to confirm that we are following correct practice."
- Training advisors observed staff every six months to ensure they were competent and their work was being carried out correctly. However, some issues with documentation had not been identified, such as medicines.

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

- People were supported to have enough to eat and drink. Some people just needed prompting to prepare their food, whilst other people needed the care staff to prepare meals for them.
- One person told us, "I'm on a diet as I have [health condition] so they give me healthy food although I have a takeaway once a week. They always ask if I need a drink when they come and then they do my dinner. They ask first, 'What do you want to eat and drink?'. Another said, One carer does breakfast; bacon and tomato on toast. It's the [name of care staff] special." A relative said, "They [care staff] make sure [relative's] eaten and had a salad and they put in the book if they havent had a hot meal, so the next carer does that."

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

- There was communication with community based professionals, and a system of effective handover of information between staff on a daily basis.

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person said, "One carer writes very accurately and watches me carefully. They said that I was lightheaded, and the doctor said I had low blood pressure. So [the carer] was right."
- A social care professional told us, "I have always found them to be prompt to answer queries and are very good at trying to problem solve with some input from ourselves."

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

- Professionals such as social workers were appropriately consulted when required or when advice was needed. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. We saw communication from the registered manager regarding a person's ability to make unwise decisions regarding their diet. This demonstrated that the service was working within the principles of the Mental Capacity Act 2005.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.
- Staff received training in the Mental Capacity Act 2005. One care staff member said, "I love helping people and enabling them to make their own decisions in their own homes. Important to make friends with people, I value older people. They learn from you and you learn from them". Another said, "The person seen this morning was unable to speak, so I used facial expressions to interpret what the person wanted. I explain everything that I am doing. If the person goes stiff I take this as a sign that the person does not want that care."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All of the people we spoke with told us that in the main all care staff were kind and caring when they visited them. One person said, "They [care staff] are all very kind and caring. I feel very safe. They are all wonderful." Another said, "The carers are quite amazing, very flexible. They are kind and bend over backwards. They interact well and are chatty."
- We saw that the registered manager visited people along with their family members where issues had been raised.
- Care plan meetings were arranged with people when there were changes to their care, or if issues had been raised. The registered manager often attended these.
- Staff knew people well and spoke kindly about people.

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

- People and their relatives were involved in their care and family members were contacted appropriately by staff, for example if someone had a change in their health or any incident that had occurred. The registered manager gave us several examples of working closely with people to ensure they were involved in any changes. One person said, "The care plan, yes, I'm satisfied with as I was a major part in writing it."
- People were asked their views via a feedback questionnaire which was sent out. One person said, "The feedback questionnaires they send, I do send them back, with ticks to say it's alright."
- When care plan reviews took place, people were asked their views on their care, and if they felt anything could be improved upon. A relative told us, "We're all involved in the care plan, family and the care service. That's done well."

Respecting and promoting people's privacy, dignity and independence

- People continued to be supported with staff understanding and following the values of privacy and dignity. A relative told us, "Dignity and respect they definitely do, for example last night one carer put something under the door of the living room so I couldn't just walk in, so [relative] had privacy, as they had to see to her."
- Care plans included guidance for carers on areas of care that people could independently attend to, and how to encourage this.

Is the service responsive?

Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager told us that care plans were reviewed every three to six months, or when people's needs changed.
- Care staff relied on a one page daily schedule which set out what tasks needed to be completed during each visit. Most were basic and did not reflect person centred detail.
- There were 'All about me' documents completed when people first started using the service which held more detailed information, including the risk assessments for well-being, medicines, environment and falls.
- People's care plans did not always contain helpful advice for staff to use when providing care and support to people as some information was not accurate. Some areas of care, such as catheter care, was not included. Review forms were kept separately in people's homes and not routinely looked at by care staff during their visits due to time restraints. However, key information was communicated to staff both electronically and verbally
- Some documentation relating to reviews of care plans were also not always updated with accurate information. One staff member said, "To be honest some of them [care plans] are not so updated. I usually refer back to notes left by other carers. I ask the person what their needs are. If in doubt I ring the care co-ordinators." Another said, "No concerns about the service, but sometimes a bit thrown by care plans."
- Where people's outcomes were documented, it did not always describe how people's goals would be met.
- People told us that staff knew them well and were responsive to their needs. One person said, "They're mostly female staff and I'm happy with them. I get the same person seven or eight times in the week, and then others. The girls who are regular know my limitations. They can tell if I can't breathe or talk, so they keep the questions down. Give me less pressure."
- People received a rota so they knew who would be visiting them. One person said, "The rota matches mostly, there is just the odd hiccup now and then". Another said, "The rota, yes every Saturday I get it, and they say we might change it slightly, but it's 96% accurate."
- Some people said they had lots of different carers, but all were kind and caring. One person said, "I've got eight different [carers] this week morning and night for four days. I've got used to it as they're all quite pleasant. If I tell them to do something, they do it. I'm quite happy with them."
- Care plan meetings were held with care staff when changes were identified in a person's care, or where issues were raised. This helped staff to deliver care in line with people's changing needs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people and relatives to raise concerns.
- A complaints log was in place and included details of complaints that had been raised and actions taken to address these. The registered manager told us they liked to meet with the person and family members if needed to address the complaint quickly.
- People told us they would complain if needed. One person said, "We've no complaints, no, in all the years

we've had them. If there are little things we just sort them out with the carers." Another said, "If I'm worried about anything I can talk; I call the office and they deal with it."

End of life care and support

- No one in the service was currently receiving end of life care. However, we saw that documentation was readily available to use to plan people's care needs. This included any instructions people may have, specialist's involved in their care, and people's religious needs.
- Staff received training in end of life care.

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

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

- Auditing processes had failed to identify some issues we found with medicines documentation.
- Errors we found on MAR charts had not been identified by the staff member carrying out the audits. Their work was not being checked. This had resulted in people being put at risk because shortfalls in their care were not identified.
- Competency checks were being carried out with staff. This included observed practice. However, our findings showed that staff were not competent to complete MAR charts accurately.
- We found some information held within care plans to be inaccurate or lacking in detail. Risks relating to health conditions were not always in place so staff had guidance. Further improvements were needed to ensure care plans and risk assessments were accurate and sufficiently detailed.
- Late visits were not being logged or reviewed to ensure that people received their care in a timely manner.
- The registered manager was aware of the need for improvement in the documentation of medicines. They had tried to improve this by meeting with staff, and re-training staff where necessary. A quality assurance manager had recently been appointed to raise standards in relation to this.

The lack of robust quality assurance constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was open and transparent about the difficulties they were having with medicines processes. They assisted in providing detailed information to determine if there were any lessons to be learned. Where discrepancies were found they were honest in their account of failing to identify this independently.
- Following the inspection the registered manager acted promptly; they sent us a robust action plan which detailed how they would improve their processes, and that each person receiving support with their medicines would be comprehensively reviewed the following week.
- A new system will be implemented whereby MAR charts are printed by the pharmacy, which will greatly reduce the risk of transcribing errors. Until this is implemented, only three allocated staff are permitted to complete the MAR charts.
- A RAG (red, amber, green) rating had been implemented to ensure people who were most at risk were prioritised for care visits, particularly in situations such as bad weather conditions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires were issued every six months to people and their relatives. The majority of

feedback was positive. Where feedback was less than positive, for example, timings needing to improve, and rotas being accurate, the registered manager followed these up by either contacting the person, or discussing how improvement could be made with care co-ordinator staff. Findings were collated and sent out in a feedback letter to people using the service which included action taken.

- People told us they knew who the registered manager was, and that they were approachable. One person said, "She's a manager; comes to visit me and my two [relative's] said they wanted a word with her. They set up a diet together for me. They worked together doing that for me." Another said, "I'd pick up the phone and speak to [registered manager] or the co-ordinator and 10 out of 10 times they sort it."

Continuous learning and improving care

- There were four on-site trainers, who split their time between the Gorleston and Lowestoft branches. There was a dedicated training room, which contained equipment used for moving and handling which care staff could use to ensure competency.
- Staff handover meetings were held daily to discuss any changes in people's care and communicated this to care staff promptly.
- The registered manager ensured a consistent management presence and was available to staff in the office. There was an 'out of hours' system in place which supported staff should events arise outside of office hours. The daily meetings which were held also discussed any concerns that may have arisen out of hours, and communicated any relevant information to care staff.

Working in partnership with others

- The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care. One social care professional told us, "If they can oblige with the change to care packages they do this with minimal fuss. They are always courteous and happy to complete joint visits if this helps."
- Feedback from family members and people using the service was regularly sought and used to drive improvements.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems for recording and administering medicines were unsafe.</p> <p>Some risk assessments did not contain relevant guidance for staff in how to mitigate risks.</p> <p>12 (2) (a) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes did not identify areas where quality and/or safety were being compromised.</p> <p>17 (1) (2) (a)</p>