

1 Stop Rec Limited

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

1 Stop Rec Ltd is a domiciliary care service providing personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care, we also consider any wider social care provided. At the time of the inspection three people were using the service however only one person received support with their personal care.

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

The service currently had no registered manager. A new manager is in post and is in the process of making an application to CQC to become the registered manager for the service. The manager told us they were looking to take on more care packages in the community to build the business. They and the director of the company have a clear vision and strategy for delivering a high-quality service, in an open and transparent way to achieve good outcomes for people.

Current systems in place to assess, monitor and improve the quality of the service had not yet been fully embedded to drive the required improvements. Quality assurance arrangements needed to be more robust, as these had not identified issues we found during this inspection, in relation to safe recruitment and staff knowledge and understanding of safeguarding and principles of the Mental Capacity Act (MCA) 2005.

The person using the service was happy with the care and support they received and the staff supporting them. The system used to arrange, and monitor visit times was utilised effectively to ensure they received a consistent and reliable service.

There were enough staff employed to support the number of people using the agency. Systems were in place to recruit the right staff; however further work was needed to explore gaps in prospective staff's employment history. The manager took immediate action to rectify this omission, putting processes in place when checking recruitment records.

Staff were aware of the needs of the person using the service and supported them to manage risks to their safety whilst supporting them to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests: the policies and systems in the service supported this practice.

Systems were in place to ensure staff followed infection prevention and control guidelines and managed medicines safely.

People's needs were assessed before using the service. Care plans contained comprehensive information about their routines and guidance on how to meet their specific needs. Staff had good insight into the person's needs and how to provide their care, including their likes and dislikes and what they could do for

themselves.

Staff had been provided with training to give them the knowledge and skills to carry out their roles. 'Spot checks' were being implemented to monitor staff practice and ensure they were working safely. Staff treated the person using the service with dignity, respect and kindness. Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence.

Systems were in place to respond to and investigate complaints and used to improve the service. Feedback via surveys reflected people were satisfied with the service they received.

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

Rating at last inspection

The service was registered on 26 January 2012. The last inspection of this service was (published 28 September 2013) but not rated. Since the last inspection the service has been classed as 'Dormant', meaning it has been temporarily inactive. The service became active again on 29 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to check the safety and quality of the care people received.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 1 Stop Rec Ltd on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

1 Stop Rec Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience between 07 and 17 March 2022. 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.

The service did not currently have a manager registered with the Care Quality Commission. The previous registered manager resigned 18 February 2022. A new manager is in post and making an application to CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 one person who used the service. We also spoke with the director, the manager and two members of staff. We reviewed a range of records including one person's care records and two staff files in relation to recruitment, induction and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this service since coming out of dormancy. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding processes to keep people safe, however not all staff knew the process to refer safeguarding concerns outside the company. The manager took immediate action to add this subject to supervision sheets to challenge staff knowledge.
- The manager was aware of their responsibility to raise safeguarding concerns and liaise with the local authority.

Staffing and recruitment

- The person using the service told us they were happy with the care and support they received and the staff supporting them. They commented, "I don't know the carers well, but they are friendly."
- Staff told us there was enough staff employed to support the number of people using the agency.
- The manager confirmed they regularly reviewed staffing levels and adapted them to meet the demands of the service. They told us they only accepted new clients when there had been a thorough review of the person's needs and they had recruited the right staff.
- The service had a good recruitment and selection process in place, including Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Gaps in prospective employee's employment history had not always been explored to establish what happened during this time to make a more informed decision as to their suitability for their role. The manager took immediate steps to rectify this omission, putting a two-step checking process in place for all recruitment records.

Assessing risk, safety monitoring and management

- Risks were anticipated and managed well to keep people safe.
- Care plans contained risk assessments which were person-centred, proportionate and reviewed regularly. Staff understood the risks and described in detail the care and support needed to protect the person they supported from harm.
- The manager proactively engaged with other professionals to assess and minimise risks. For example, they were in the process of liaising with occupational therapy services to train staff to carry out a person's strengthening exercises to improve their mobility.
- Information about environmental risks, the person using the service and staff safety had been completed, including the use of cooking appliances and lone working.

Using medicines safely

- People were supported to manage their own medicines. One person told us, "I do all my own medication."
- Medicines were managed consistently and safely. Where staff were responsible for administering medicines, they confirmed they had completed training and were knowledgeable about people's medicines.

Preventing and controlling infection

- Staff told us the company had managed the COVID-19 pandemic well. Comments included, "They were really good, I felt really supported, the office kept us up to date with changes in guidance, as they occurred," and "They were very on it with any changes and updates."
- Staff confirmed they had received infection prevention and control training and had access to the PPE they needed to keep them and the people they supported safe.
- The provider's infection prevention and control policy was up to date, and in line with current department of health (DOH) guidance. The infection control policy and risk assessment was reviewed annually or sooner where guidance changed.
- The manager showed us a business contingency and emergency planning document to ensure unforeseen events such as COVID -19 infection outbreaks were managed effectively.

Learning lessons when things go wrong

- The service had a range of processes in place including complaints, whistleblowing and safeguarding policies for people and staff to raise concerns and report incidents.
- Staff understood their responsibilities to raise concerns and report incidents.
- Although, there had been no specific incidents or accidents involving people's safety, systems were in place to ensure lessons were learned and improvements made when things went wrong. The manager told us, "We are open and transparent with people, and their relatives. We welcome feedback, positive and negative, so the service can evolve and be the best we can be".

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.

This is the first inspection of this service since coming out of dormancy. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed they had completed a wide range of training that gave them the knowledge and skills to safely carry out their roles. However, not all staff were confident in their knowledge of who to report safeguarding concerns too, and the requirements of the Mental Capacity Act 2005.
- Staff told us, and records showed, training was computer-based eLearning. Staff knowledge was tested via a quiz at the end of the training. The manager confirmed to date no assessments had been carried out to ensure staff were carrying out their roles competently and following best practice.
- The manager told us 'spot checks' were to take place with immediate effect. Supervision sheets were to be amended to include a different subject each month to test staff knowledge and understanding.
- New staff completed an induction when they first started working for the agency, which included completion of The Care Certificate, as well as other training specific to their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's care and support was planned and delivered in line with current guidance, standards, best practice and legislation. This was demonstrated in a review of care records and discussions with the person using the service and staff.
- Before using the service, an assessment of need was completed. This assessment combined with the Clinical Commissioning Group (CCG) continuing healthcare assessment provided a comprehensive plan of the person's needs and expected outcomes.

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

- The person using the service was able to manage their own dietary needs. Records clearly reflected their dietary needs, including their preferences, what they could and could not eat and how to manage fluid intake to stay hydrated.
- Staff knew the person's specific dietary needs and the support they needed to eat and drink. One member of staff told us, "[Person] decides what they want to eat and we cook it, they are really good with their healthy diet."

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

- The person using the service told us they had to access healthcare services and staff worked well with

other professionals, where needed.

- The manager told us the company had access to an employment support and administration package, which enables them to access 'my personal doctor'. This service enables them to support people who use the service to access a GP, or other health services and prescriptions, via video link, if unable to contact or see their own GP.

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.

- A care needs assessments identified if the person using the service had capacity to make decisions about their care.
- The manager was aware where people were deemed not to have capacity to make some decisions about their care, health or finances, relevant people, such as their power of attorney would be involved to agree decisions in their best interests.
- Staff had variable understanding of the MCA but did know what they needed to do to make sure decisions were taken in people's best interests and ensure the right people were involved.

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.

This is the first inspection of this service since coming out of dormancy. This key question has been rated 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

- The person using the service told us staff treated them with kindness and respect.
- Staff told us their shifts were arranged to ensure they had enough time to get to know the people they supported and understand how they wanted their care and support needs met.
- Staff had good insight to people's needs and how to provide their care, including their likes and dislikes and what they could do for themselves. One member of staff commented, "I know [Person's] needs really well, they will also tell me, they are very involved in their care."

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

- The person using the service told us they were able to express their views and be involved in making decisions about their care.
- Staff understood the importance of involving people in their care, and always asked their consent before carrying out care tasks. One member of staff commented, "I always explain to [Person] what I am doing, for example what personal care I am giving, and ask for their consent."
- Where people expressed their views about more complex issues, relevant people of authority, namely family members, those with power of attorney and or social workers had been involved.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities and were particularly sensitive to respecting people's right to privacy, confidentiality and to promote their independence. One person told us, "Staff generally ask if I am happy with what they are going to do for me in terms of personal care."
- Staff knew the people they supported well and were able to notice when they were in discomfort or distress and took swift action to provide care and support. One member of staff told us, "[Person] is prescribed paracetamol for pain relief, they do tell me if they are in pain, but I can also see it in their facial expression."
- Staff understood people's protected characteristics, such as disability and their ability to carry out normal day-to-day activities.

Is the service responsive?

Our findings

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

This is the first inspection of this service since coming out of dormancy. This key question has been rated 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

- Care records reflected the person using the service had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs. They told us, "The manager came to talk to me to discuss my needs and how it should be delivered. I have a care plan in place which the staff can refer to."
- Staff knew people's needs well and responded promptly where changes in their circumstances were identified. One member of staff told us, "[Person's] care plan, tells me everything I have to do, and I have got to know their routines. I have worked with [Person] for a while, I really enjoy working with them, they are lovely, and I get on well with them."
- People received consistent, timely care and support from familiar staff who understand their needs and got along with them. The manager told us they organised the rota according to people's needs, which enabled them to provide small teams of consistent staff. The person using the service told us, "My carer can vary each day, but it is usually from a group of four or five regular carers."
- Staff confirmed they maintained regular visits to the same people, which enabled them to develop relationships with them and their families.

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 their needs recorded in their care support plans. These detailed how people communicated, and aids used to assist communication. One member of staff commented, "[Person's] medicines can affect their communication, which requires us to take time for them to speak, writing messages and notes helps us to communicate."

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaints and were used to improve the quality of the service.
- Where complaints had been made these had been investigated, and action taken to resolve the issue. The person using the service told us they had a visit from the manager to see how things were going and to resolve any issues.

End of life care and support

- No one was receiving end of life care at the time of this inspection. The manager told us, the agency supplied staff to support people in the community, when required to provide some respite for their carers. Extra training had been provided to staff to ensure they had the skills to support people to be as comfortable as possible, and pain-free.



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.

This is the first inspection of this service since coming out of dormancy. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- The service is required under the conditions of their registration to have a registered manager. The registered manager resigned in February 2022. A new manager is in post and is in the process of making an application to CQC to become the registered manager for the service.
- The manager is also the nominated individual responsible for supervising the management of the service on behalf of the provider.
- Systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded to drive the required improvements. These had not identified staff lacked understanding of who to report safeguarding concerns to, outside of the company, had variable understanding of the principles of the mental capacity act and were not clear what the company values were.
- The manager confirmed there were no checks in place to assess staff knowledge and were carrying out their roles safely and effectively. Whilst they took immediate action to put measures in place to address the issues we found the quality assurance arrangements needed to be more robust, to identify current and potential concerns and areas for improvement.
- The system used to arrange, and monitor visit times was utilised effectively to ensure people were receiving a consistent and reliable service.
- Staff were issued with a handbook when they joined the company, setting out a code of conduct and the standards expected. This was accompanied by a welcome to the company call to discuss their role and what was expected. Staff told us they felt respected, valued and supported by the management team. One member of staff commented, "They [manager] is lovely and really helpful and supportive".
- The manager and director were passionate about growing the business, with a strong focus on continuous learning and development at all levels of the company. They were linked to a range of networks to share best practice, and keep updated with changes in legislation and guidance, which they shared with staff via the office management system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The manager and director had a clear vision and strategy for delivering a high-quality service, in an open and transparent way to achieve good outcomes for people.
- The manager told us, they were looking to take on more care packages in the community to build the business, and had changed the way they recruited to secure the right staff.

- Recruitment, training and support for staff was underpinned by the company's values, which were to embrace diversity, strive to be best you can be, inspire with excellence and ownership and to place quality at heart of the company.
- Staff were intuitively providing care in line with the values of the company but were not always able to tell us what they were. The manager told us they were adding the values to the reverse of staff identity cards as a reminder.
- The manager understood their responsibility to be open and transparent about events that happened in the service. Concerns and complaints were investigated, using reflective sessions to learn what went wrong. The manager told us they saw such incidents as an opportunity to engage with people and their relatives to make improvements to the service.

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

- Systems were in place to obtain feedback from people using the service, their relatives, staff, external partners and other stakeholders. For example, quality assurance questionnaires had been completed via telephone interviews with people or their relatives in March 2022. These showed people were satisfied with the service they received.
- Equally staff had been asked to complete feedback questionnaires, regarding their aspirations and opportunities within the company. One member of staff commented, "At present I am very happy with the encouragement and support I am receiving from my manager and directors and feel I have all the needed tools to support my development within the organisation."
- Regular staff meetings took place, either face to face or electronically run over three days, with different time slots to ensure all staff can attend, without impacting on the care people received.

Working in partnership with others

- The manager was committed to working alongside relevant external stakeholders. They told us they had good relationships with the clinical commissioning groups and local authority.