

One 2 One Support (Cheshire) Limited

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Inspection report

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11 December 2017

12 December 2017

18 December 2017

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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

This was an announced inspection, carried out on 11, 12 and 18 December 2017.

This service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last visit on the 27 October 2015 the service was rated as good. This inspection identified that the service continued to meet all the relevant fundamental standards and the rating remains good.

People told us that they were kept safe whilst living at the service. Systems were in place to protect people from the risk of harm. Staff understood their responsibilities around safeguarding people from abuse and protecting their rights. Robust recruitment processes were followed and there were sufficient skilled and experienced staff on duty to meet people's needs. There were safe systems in place for the management of medicines. Medicines were administered safely and administration records were up to date.

Staff received support through supervision and team meetings. They were able to discuss any matters, such as their personal concerns, work or training needs. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received personalised care and support from staff who knew them exceptionally well. The registered provider ensured consistency in care as a dedicated team of staff supported the same people. Support plans contained detailed, personal and relevant information to enable staff to meet and promote people's individual needs. Staff worked well with external health and social care professionals to make sure people received the care and support they needed. Staff were responsive in meeting changes to people's health needs.

Staff were caring and treated people with kindness and respect. Observations showed that staff were respectful of people's rights, choices, privacy and dignity and encouraged people to maintain their independence.

The service was well managed and quality assurance systems were in place to ensure people received a safe and effective service. We were notified as required about incidents and events which had occurred at the service.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Effective.

Is the service caring?

Good ●

The service remained Caring

Is the service responsive?

Good ●

The service remained Responsive.

Is the service well-led?

Good ●

The service remained Well Led.

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Detailed findings

Background to this inspection

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

Our inspection was announced and the inspection team consisted of one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 December 2017 and ended on 18 December 2017. It included visiting the office location on 11 December 2017 to see the manager and office staff; and to review care records and policies and procedures. We continued to speak with staff up until the 18 December 2017. We visited people and spent time with them in their own home on the 12 December 2017.

The inspection was informed by feedback from questionnaires completed by a number of people using the service and their relatives. This complimented staff on quality and consistency of the support provided.

We used information the provider sent us in the Provider Information Return. This is 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.

During our visit to the service we spent time with 7 people who lived at the service and spoke with two family members. We also spoke with five care staff and the registered manager and registered provider of the service.

We looked at seven people's support plans and also records relating to three staff and the overall

management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service and the local authority safeguarding team who raised no concerns regarding the service.

Is the service safe?

Our findings

People who used the service indicated that they felt safe with the support of staff. Comments included "Staff watch me to make sure I don't do anything daft and hurt myself" and "Staff always make sure we are looked after well and no one hurts us".

There were sufficient numbers of staff to support people on the days of the inspection. The registered provider had recognised that the number of staff employed was small and this meant that they relied heavily on the good will of staff had to cover for any unforeseen absences. They were actively trying to recruit additional staff to relive the pressure on the existing workforce.

Staff knew how to recognise and report any suspicions of abuse. Information regarding how to report concerns about people's care and support was shared with staff. Staff understood about whistleblowing and knew how to contact outside agencies if they felt unable to raise concerns within the service. Whistleblowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals. This helped ensure that people were protected from the risk of abuse.

Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The registered provider had risk assessments in place to protect people from the risk of harm. Risk assessments identified individual risks and gave staff guidance on how to mitigate those risks to maintain people's safety and well-being. All Service Users individual plans highlight risk taking as a positive rather than a negative however, where the risk was identified as "unacceptable" then the least restrictive measure is used and a best interest decision recorded. Risk assessments covered areas such as falls, personal relationships, behaviours that challenge, nutrition and medicines. These were updated regularly to reflect any change in need.

Medication was managed safely. Competency checks were completed with staff prior to administering any medication to people supported. Records and staff confirmed that appropriate checks had been completed. We looked at three peoples medication administration records (MARs) and found that they had been completed correctly. Medication stock checks were completed as required by staff. An audit was also carried out by a pharmacy service and this did not raise any significant concerns.

Since the last inspection, the registered manager had reviewed how accident and incidents were recorded and reviewed. Each accident or incident that occurred was fully documented, reviewed and a post incident analysis was completed. This enabled the registered provider to identify any risks and trends. Any lessons learnt from such occurrences were shared with staff to ensure that appropriate measures to help minimise the risk of an incident occurring again.

Staff understood the principles of infection control and followed good practice guidelines. They encouraged people to keep their own space and the communal areas clean and tidy. Staff had completed training in food hygiene and tried, as far as possible, to instil good practice within the households.

The registered provider was not responsible for the buildings in which people lived. They, did however, ensure that the landlord undertook safety checks on equipment and the environment. We raised some concern with the registered provider about the maintenance of one of the properties and they confirmed that this would be highlighted to the landlord.

A business contingency plan was in place in regard to a range of events that might stop the service from operating normally. This covered a range of scenarios so that staff would know what to do and could implement emergency procedures to keep people safe.

Is the service effective?

Our findings

People commented that "They [staff] know what I like to spend my time doing and what help I need. They help me to do these things". A family member commented "They respect my relative's religious beliefs and practices. They have even attended special religious services with them".

Staff were very knowledgeable about the care and support people needed which meant that people received individualised and personalised care. Staff gave examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender and faith. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Appropriate referrals for people were made when required to other health and social care services such as GP's, Chiropodists and Opticians. What was discussed and any actions decided were recorded by staff to ensure people received care and support that met their needs. Staff had also made good use of assistive technology to support, and to promote a persons independence when at high risk of falls.

As part of the registered providers training and development plan staff were registered to complete The Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and are required to adhere to in their daily working life. Records showed that staff had undertaken training in topics such as health and safety, moving and handling, safeguarding adults and equality and diversity. Staff also spoke with us about additional training that they received to ensure that they could meet a person's individual needs such as personalised care planning, catheter care, diabetes awareness and epilepsy management. Records confirmed and staff told us they had regular supervision and the management were always available for support.

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 Act 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. The authorisation procedures for this in this setting were through the Court of Protection (COP).

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about how to ensure that the rights of people were protected who were not able to make or to communicate their own decisions. It was clear through the practice we observed that staff asked people for their consent before carrying out any activities and that staff understood people's individual communication styles.

The registered manager demonstrated that where applications had been made to the COP staff were aware of the requirements around this and met them. We also saw that staff had been proactive in expressing concern to professionals when they felt that the restrictions placed by the COP were excessive and were no

longer in a person's best interest.

During our visit we observed staff assisting one person to prepare the evening meal for the household which they were enjoying doing. Staff regularly monitored food and drink intake to ensure all residents receive enough nutrients in the day. Staff regularly consulted with people they supported on what type of food they prefer and ensure foods are available to meet peoples' diverse needs. Support plans identified people's likes and dislikes and any form of assistance they needed with the preparation of food or drink.

Is the service caring?

Our findings

People told us that staff were caring and that they felt supported. Comments included "I am treated with dignity and respect, don't let anyone tell you otherwise" and "The staff are wonderful, I love them all and they love me too". A relative had commented "This is an excellent service which allows my relative to be independent. Her key worker is exceptional with her care, she feels like one of the family and we couldn't wish for more".

All staff had worked at the service for many years, some over 15 years. The consistent approach with staffing ensured that people's individual preferences and needs were well met. Key workers are allocated to individual service users to build up a close relationship based on trust, dignity, respect and compassion. Through this process the support plans and person-centred plans identify the abilities of each person and are completed at the most appropriate level and pace to ensure understanding, involvement and independence.

Observations showed that people were comfortable with staff who supported them. People displayed relaxed body language; positive facial expressions. Staff were patient with people when they were attending to their needs and were caring and respectful in their approach at all times.

People's bedrooms were decorated in a personal way and had objects in place such as photographs to make their rooms feel homely and comfortable. People had access to a shared lounge and dining room and an enclosed garden area. Staff asked people where they would prefer to spend their time and ensured each person was comfortable and had all they required.

People were encouraged to maintain contact with important people in their lives such as their family members and friends. They were supported to visit family members at home and in turn they were welcome to visit people in the service.

Staff understood the importance of ensuring people's privacy was respected. Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support. The registered manager was registered as a Dignity Champion and cascaded relevant information to the team as a whole. The team recently participated in Dignity Day involving service users to plant a "Dignitree" in the garden of one property in recognition of people right to dignity.

Information was provided, including in accessible formats, to help patients understand the care available to them. The registered manager was in the process of researching ways of assessing and recording pain in a way that people could contribute and understand.

Support plans contained information about how people could access local advocacy services if they required additional support. At the time of our visit, neither people required the use of an advocate as both had regular support from their own family members. Advocates are people who are independent of the

service and who support people to make and communicate their wishes.

People's personal records were stored securely which meant people could be assured that their personal information remained confidential. Access to the person home is purely on a consensual basis and each person's private space within the shared living environment is not accessed without the consent of the individual.

Is the service responsive?

Our findings

Staff knew what interested people which helped them to engage and interact with them. A relative commented that "They always know what people want or need. That's a skill". Staff knew how to support people and clearly described people's individual needs and preferences.

Since our last inspection the registered manager had introduced a new support plan template. This document enabled more detailed and personalised information to be outlined to assist staff less familiar with people in getting to know them as an individual. All support plans were highly individual, focused on the person and were enabling. In addition there was a person-centred plan compiled with the service user which focussed on not only the day to day aspects of the person's life including choice, fulfilment, dignity, respect but also hopes and dreams for the future.

Each support plan was reviewed on a monthly basis. Reviews consisted of staff looking at all information that had been recorded over the previous month and identifying what changes if any were required to people's support and care. Any changes made to support plans by staff were then shared with the wider team for their knowledge.

People participated in various activities both inside and outside of the service. Information about people's preferred hobbies and interests were recorded in their support plans. People engaged in activities such as visiting the gym, shops, park, football and church. People were also supported as they wished to attend day services or work type activities. People's personal choice in relation to their engagement in activities was respected by staff.

The registered provider had a policy and procedure in place for recording and responding to complaints. People had access to an easy read complaints policy. This provided people with information about who to contact if they had a complaint and who to contact outside of the service if they were unhappy with the response given or action taken by the registered provider. There had been no complaints received about the service since our last inspection visit.

The service had received a number of verbal compliments which were also recorded and shared with staff.

Is the service well-led?

Our findings

People confirmed that the service had strong leadership and management. Comments included "The boss lady is great, I see her every day" and "I go to the manager straight away if I am worried about anything and she sorts it out with no messing".

The service was managed by a person registered with CQC since 2015. People who used the service and family members told us that they knew who the manager was and spoke in high regard of her. Staff said they were supported by the manager that she called to the properties every day and was always available to help out.

The registered manager and registered provider were aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. They were considering the challenges such as an ageing population with changing needs at the end of people's lives. They were also aware of the need to recruit new staff to be able to meet changing and increasing needs.

The service worked in partnership with key organisations, including the local authority, safeguarding teams and district nursing services to support care provision, service development and joined-up care. Health professionals had provided direction and support to staff in meeting a person's increasing physical health needs. Each person also had a detailed "Health Passport" to take with them to clinic or hospital appointments to allow professionals to understand their support and treatment needs.

The registered manager was proactive in keeping her own knowledge and skills up to date. She was a member of the Skills for Care Managers Network, Dementia Care Matters, Dignity Champion and National Autism Network. She accessed updates in practice and legislation which was then shared with the team. Any changes to policy or safety alerts were also cascaded this to the team.

We saw minutes of team meetings in 2017. Each meeting had a variety of topics which staff had discussed, such as monthly care reviews, training and general quality assurance. The registered manager told us that meetings were also used to keep staff informed of any changes at the service and reviewing and introducing new ways of working. Staff told us they could voice an opinion and we saw this recorded in minutes. We saw from minutes of the latest meetings that the changes to CQC assessment framework and proposed changes to DoLS had been discussed.

The registered provider had a system in place for monitoring the quality of the service. Regular audits of the registered provider's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and records confirmed that support plans, risk assessments, medication and the environment had been regularly checked. Monthly "spot-checks" are completed by the management team to observe practice and receive feedback from Service Users. These are recorded on the company documentation and feedback provided to the team.

There was good management and oversight of accidents and incidents. The registered manager regularly

reviewed information to if further strategies were required to be implemented due to peoples changing needs.

The registered provider listened to people and their representatives and acted on feedback. Questionnaires had been sent in December 2016 to people who used the service and their family members where required. Registered provider analysed the information which had been returned and a report complied with the outcome and actions required. Any negative feedback received was directed towards the landlord and not the care and support. Questionnaires had been prepared for December 2017.

Policies and procedures relating to the running of the service were easily accessible to staff. All policies had been reviewed and maintained to ensure that staff had access to up to date information and guidance to support them within their roles.

The registered manager understood their role and responsibilities and had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.