

One To One Home Care Limited

One to One Homecare Limited

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

This inspection was announced and took place on 06 and 07 June 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to visit people in their own homes.

One to One Homecare Limited provides personal care to people living in two supported living houses with shared occupancy and to people living in their own home. They provide care and support in the counties of Somerset and Devon. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to six people. We visited two supported living properties to meet people and to discuss the care they received. One person agreed to talk with us about their experience of the care they received. Another person agreed to meet us although they had limited communication. Other people living in the shared accommodation chose not to talk with us whilst others were not receiving personal care. We observed how people interacted with staff and whether they were relaxed and happy.

The last full inspection of One to One Homecare Limited was October 2013. At that inspection there were concerns around the safeguarding processes for a specific person receiving care and we issued a Warning Notice. We checked on the provider's progress with the warning notice in January 2014 and they were compliant with this area. At the October 2013 inspection we also found the provider had not ensured people's safety as they had not obtained a criminal record check for staff before they started work. They also did not have sufficient staff to ensure the care hours were covered safely without staff working long hours. The provider had also failed to forward statutory notifications to the CQC when an incident occurred. These are notifications providers must make when anything significant occurs within the service. These failures to comply were not followed up at the January 2014 inspection. The provider sent us an action plan telling us when they would be compliant. At this inspection we found the provider had improved and all areas were now compliant and being managed appropriately.

At the time of this inspection the registered provider was also the 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.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the deputy manager and staff took the time to talk with people during visits to their flats and homes. One person said, "I know who is coming and there are never any surprises. If they say it is [staff member's name] I know they will be here." Another person said, "We have regular staff so it is good to get to know who is coming."

People who received care and support from One to One Homecare told us they were happy with the service

provided. They said the registered manager and staff were open and approachable and cared about their personal preferences and maintaining their independence. One person said, "I have been in the care system for years and I am really happy here, the support is brilliant and I like all my staff."

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people. For example they had attended training in the use of alternative communication aids such as Makaton. Staff told us the training they received was good one staff member said, "I had previous care experience but the training with One to One was good and is on-going."

People said they were cared for and supported by care workers who were polite, compassionate and caring. One person said, "[Staff member's name] is always polite and caring, they understand me." We observed they had a very relaxed and cheerful relationship with the care worker supporting them during our visit.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All care plans included written consent to care if people agreed to sign. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

The registered manager had a clear vision for the service. Their statement of purpose said, They would, "Support individuals to live fulfilling lives, reach their full potential and achieve their goals." This approach to the care a support provided for people could be seen throughout the inspection. People were encouraged and supported to attain goals through regular activities agreed and planned with them. Whilst at the same time promoting independence.

The service had a complaints policy and procedure that was included in people's care plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put 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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

One to One Homecare Limited

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.

This inspection was announced and took place on 06 and 07 June 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be at home.

Before the inspection, 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

One to One Homecare Limited provides personal care to people living in their own homes and in two supported living houses with shared occupancy. They provide care and support in the counties of Somerset and Devon. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to six people. We visited two supported living properties and people living in their own homes to discuss the care package they received.

Four people agreed to talk with us about their experience of the care they received, another person agreed to meet us, however they had limited communication. Other people living in the shared accommodation either had limited communication or chose not to talk with us. We observed how people interacted with staff and whether they were relaxed and happy.

We spoke with five staff members as well as the deputy manager; the registered manager was unable to

attend the inspection. We also spoke with relatives of three people face to face and over the telephone. We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People indicated they felt safe with the care provided and the staff who visited them in their shared accommodation. One person told us, "It's the safest I have felt for a long time I feel very secure living here and with the support I get." Another person was unable to communicate verbally but showed us their photo album with pictures of them and staff. They appeared very relaxed and had a very cheerful and friendly relationship with the care workers who introduced us to them. One relative we spoke with said, "I am very happy and I know [the person's name] is very safe and happy with the care team they have."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I have absolutely no concerns about the management dealing with issues if I witnessed anything. They are very supportive and very aware of people's rights." Another staff member said, "The training was good it gave very clear examples and I am confident anything would be dealt with immediately."

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. One care worker said, "We did have an incident between people in the past and the way it was managed was really good. The managers listened and it was all managed with the social worker and the safeguarding teams."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for One to One Homecare until their DBS check had been received.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record of, and receipts for, all monies handled.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example one person had been identified as being at risk when out alone in the community, However they liked to walk in the countryside most days. The risk assessment clearly showed how staff managed the risk and supported the person to walk daily and remain safe.

Staff informed the manager if people's abilities or needs changed so risks could be re-assessed. We saw care plans had been up-dated following changes in the risk assessments. For example one person had experienced an increase in falls. Their care plan had been up-dated to reflect the change in their mobility and the actions to be taken to reduce the risk of falling without reducing the activities they could take part in and enjoyed.

There were also risk assessments associated with safe moving and handling procedures, all staff received regular training. Risk assessments contained clear guidance on safe procedures and any equipment used. The provider ensured if any equipment was being used it was checked and maintained regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Care plans clearly showed the hour's people were funded to receive one to one personal care and support as well as when care and support was on a shared basis. Staff were able to tell us when people had one to one and shared care. The deputy manager confirmed they had an on-going recruitment programme to ensure they had sufficient staff to meet people's needs.

Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. Risk assessments were in place to show the level of understanding the person may have about the importance of taking their medicines and their ability to manage them appropriately. We discussed the need for people in one supported living unit to take on more responsibility for the ordering and storage of their medication; however these people were not receiving personal care at the time of the inspection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "We have dealt with a number of agencies and the staff with One to One certainly know what they are talking about. We are very happy." One relative said, "We have found all the staff very clear about what [the person's name] needs and how to look after them."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. The deputy manager confirmed they had introduced Care Certificate work books for new staff to complete. This is a nationally recognised training resource for all staff new to providing care. The deputy manager also confirmed the induction process included an overview of the skills for care code of conduct, report writing food hygiene and first aid. Staff confirmed the induction would also cover specific needs of people if necessary. One staff member said, "I have years of experience but I still completed a thorough induction when I started. It was good to shadow staff and get to know people and their needs well."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. The deputy manager confirmed staff could also attend further training related to specific needs. For example communication aids such as Makaton for people with difficulties communicating verbally, as well as training in the specific needs of people with autism, Asperger's and challenging behaviours. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications. The deputy manager was in the process of completing the Level 5 Diploma in leadership for health and social care.

People were supported by staff who received regular supervisions. These were either through one to one meetings or team meetings. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. The deputy manager said they aimed to carry out six one to one supervisions with staff annually as well as staff meetings and unannounced checks of staff when supporting people. A matrix confirming staff had received supervision and had one to one meetings planned was displayed on the office wall.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care. One person said, "They always ask first it is really good to be able to say no sometimes and know they support your decision." One person who was unable to communicate verbally indicated to staff by body language that they wished to end the meeting with the CQC inspector. The message was understood by staff immediately and the person's wishes carried out.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Nobody receiving a personal care package lacked capacity at the time of the inspection however the deputy manager was aware of the process they would follow. One care plan contained a mental capacity assessment and best decision outcome for one person. The record showed they lacked understanding of the consequences of their behaviour but did have the capacity to consent to the support package in place to minimise risk.

Some people required assistance to prepare food and eat. Staff had clear guidance on how to support people. One person was supported regularly to cook their main meal of the day. Other people could join in in the communal area and bake cakes or cook a communal meal. One staff member said they supported individuals to cook their own meal and rarely had a communal meal in the supported living unit they worked.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. The one person who agreed to talk with us said, "I have been in the care system for most of my life, the staff who work with me are very caring, kind and this is the best support I have had." We observed one person who could not communicate verbally interacting with staff, the staff were kind caring and compassionate at all times and understood the person's needs. Another person said, "We have experienced care and support from other agencies and the staff at One to One, really care about how they support you and I have no complaints with their approach."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One care worker explained how they had a very good team and had managed to build relationships with people so they trusted them. Another care worker said the provider cared for staff as well as the people they provided support for, recognising family needs and child care needs. Another care worker said, "We work well as a team but we also provide very individualised support within a close community." The deputy manager explained how they tried to recruit people with similar interests to the people they were going to support such as walking or swimming.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Care workers supported people to follow interests and hobbies and maintain contact with their local community. Care workers encouraged people to be as independent as they could be. Staff saw their role as supportive and caring and were keen not to disempower people. One care worker explained how they supported one person to be more independent and take responsibility for their decisions. They were supporting the person to pack and organise a weekend away. The person said they were very grateful of the support they had received to enable them to have a holiday.

All care workers spoken with confirmed they supported people in a way that respected their privacy. When we visited one shared accommodation the care worker had asked people if they were happy with us visiting. When we arrived we were introduced to people and they were asked if they were happy to talk with us. During our visits we did not observe personal care however; we did observe a relaxed and friendly relationship between people and the care workers. They were very happy and cheerful throughout the visit and indicated they were very happy with the staff delivering their care.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. A daily diary was maintained and staff discussed with people how their day had been and if they could make any changes to things that had been done for them. The deputy manager confirmed people in the supported living units were involved in the recruitment of staff. They had not managed to persuade anyone to sit in on interviews. However when a prospective member of staff attended for interview they would visit the unit and be introduced to people living there. People were then asked for their opinion about their suitability.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any

comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "They know me very well, the support I need and when." Another person said, "We have experience of other organisations and the staff at One to One really show they know what we need and when. We have never had a missed call, and they always arrive on time." One relative said, "I am very impressed with the way they [staff] got to know [the person's name] and have worked around their needs and wishes. They understand what they like and what makes them tick."

Care workers had a good understanding of how to support people's choices, lifestyles and preferences. Care plans showed people liked to take part in a variety of interests such as going walking, gardening, horse riding, swimming and going shopping. One person suddenly announced during our visit they wanted to go to the local supermarket and the staff member supporting them immediately arranged to take them. One person had indicated they would like to go on holiday, during our visit they were packing and preparing to go away for a long weekend. They were excited and explained how staff had supported them to make the holiday possible. The deputy manager confirmed the support they provided could be flexible to meet the individual needs of people such as going out or going to hospital and doctor appointments. People were encouraged and supported to continue with their hobbies.

Staff worked in partnership with people to make sure care plans were personalised to each individual. Care plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The information in the care plans were written in a person centred way and showed people had been involved in the detail. For example one care plan explained very clearly how a person communicated. There was detail for staff such as, 'If you offer [the person's name] chocolate and they refuse this indicates they are feeling unwell and needs to be followed up.' Staff could explain how they understood when the person wanted something or to do something. During our visit the person indicated that they no longer wanted to talk with us and staff responded appropriately understanding the body language used. Care records showed that as well as the monthly meeting to discuss any changes, people also had an annual review of their care needs which involved the person, a relative if they wished and members of their care team.

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. The deputy manager confirmed that people could opt to receive care from another agency or care provider if they wished. This meant people could be supported to receive a personal care package that was appropriate to meet their needs and wishes.

Changes to people's care plans were made in response to changes in the person's needs. Staff confirmed people's care plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in care plans. One staff member said, "The care plans are very informative and give clear guidelines on what the person likes and dislikes. However we also

ask the person what they want that day as they have the right like all of us to change their mind about a specific routine or activity."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy when they started to use the service. Care plans contained the contact details and guidance on how to raise a complaint. We saw no complaints had been made since the last inspection. One relative said, "I can talk with [the manager and deputy manager] I think that means nothing becomes a complaint, for me anyway." One person said, "I would be the first to complain if something was not right but have not had to raise any concerns. We talk regularly and they listen and act."

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. One staff member said, "We work well as a team, [the manager and deputy manager] are always available to talk with and they listen and act. They really care about the staff and the people we are supporting."

The manager had a clear vision for the service. Their statement of purpose said, "Support individuals to live fulfilling lives, reach their full potential and achieve their goals." This approach to the care and support provided for people could be seen throughout the inspection. People were encouraged and supported to attain goals through regular activities agreed and planned with them. Whilst at the same time promoting independence. One staff member said, "It's the best job I have had, encouraging and supporting people to have an active and fulfilling life."

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out and plans were in place to further develop team meetings within the supported living units led by a team leader. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals rather than a group of people living together. There was on-going discussion and training for staff to support their role as care workers supporting people in the community.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff

meetings/supervision.

The provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.