

Just One Recruitment and Training Limited

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Inspection report

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Date of inspection visit:
24 September 2018
25 September 2018

Date of publication:
25 October 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 took place on 24 and 25 September 2018 and was unannounced.

Just ONE Recruitment and Training Limited is a domiciliary care agency registered to provide personal care to people in their own homes, including supported living settings. The service also provided 24-hour staffing in a building called Oakfield, where people owned their own flats, but shared some communal space. The agency office is based in Wavertree, Liverpool. The service supports people who live in Liverpool, Wirral and St Helens. At the time of the inspection they were supporting 64 people, however only 29 of those people were in receipt of a regulated activity; personal care. This inspection only looked at the support provided to people who received a regulated activity.

At the last inspection in July 2017, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor the quality and safety of the service were not always effective. We asked the provider to complete an action plan to show what they would do and by when, to make the required improvements and we received this. During this inspection we looked to see if the improvements had been made and found that they had.

A registered manager was in post and feedback regarding the management of the service was positive. 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 the last inspection we found that the provider was in breach of Regulation 17 as staff training records were fragmented and the registered provider did not have a clear oversight to ensure it remained up to date. During this inspection we found that improvements had been made. Staff completed training relevant to their role and the needs of the people they supported and the registered manager maintained a matrix to oversee when refresher training was due.

Improvements had been made regarding the recording of medicines and the provider was no longer in breach of Regulation, however further improvements were still required as stocks of medicines were not always recorded and monitored appropriately. Following the inspection, the registered manager shared with us a new system that had been introduced to further improve the management of medicines.

In July 2017 we found that systems in place to monitor the quality and safety of the service were not always effective. During this inspection we saw that improvements had been made. Systems were in place to regularly review care files, medicine records and accidents/incidents. Weekly management meetings were held to discuss any staffing issues, concerns regarding packages of care, complaints, safeguarding incidents or accidents. The provider was no longer in breach of Regulation regarding this.

People we spoke with told us they felt the support they received helped to keep them safe. Risks to people had been assessed on an individual basis depending on the needs of each person and clear guidance was available about how staff could reduce the risk. Staff were knowledgeable about safeguarding processes, were aware of how to identify possible safeguarding concerns and told us they would not hesitate to report any concerns they had.

People told us they received support from the same consistent staff team and that staff always arrived when expected. We saw that appropriate checks had been made when recruiting staff, to ensure they were suitable to work with vulnerable people.

Staff were supported through a comprehensive induction and regular supervision sessions. They told us they could always contact senior staff if they needed advice.

People's needs were assessed prior to support being provided and staff liaised with other health professionals to maintain people's health and wellbeing. People received appropriate support to meet their nutritional needs.

Records showed that consent was gained in line with the principles of the Mental Capacity Act 2005.

People told us that staff were kind and caring and their relatives agreed. We saw that staff had built good relationships with the people they supported. Staff had a good knowledge of the people they supported and how to provide the support in the way the person preferred.

People told us they were involved in their care and were able to make their own decisions. People using the service had been involved in the recruitment process for new staff and were involved in the development of their care and support plans. People told us they were happy with the care and support they received.

Care plans guided staff to provide support in ways that encouraged people to be as independent as they could be. They were written in a way that protected people's dignity and staff we spoke with clearly explained how they maintained people's privacy and dignity. Records relating to the care people received were stored securely to ensure people's confidential information was protected.

We found that people were supported to achieve things that were important to them, such as accessing education or being involved in the local community. When required, staff supported people to participate in activities both within their homes and in the local community.

A complaints policy was available within people's care plans and people told us that they knew how to raise any concerns or complaints that they had.

Systems were in place to gather feedback from people, such as surveys, telephone reviews and meetings.

The registered manager has developed links with external agencies such as the LA and CCG and safeguarding teams to ensure high quality, joined up care is provided.

The provider had a range of policies and procedures available to help guide staff in their practice and ensure they were aware of the responsibilities of their role and what was expected of them.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the service in accordance with our statutory requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The amount of medicines received was not recorded and stock was not monitored for all people who required support with medicines.

Risks to people had been assessed on an individual basis and steps taken to reduce the risks.

Sufficient numbers of staff had been safely recruited to ensure people received the support they needed.

Staff were provided with personal protective equipment to prevent the spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff completed training relevant to their role and the needs of the people they supported. Staff were supported through a comprehensive induction and regular supervision sessions.

People's needs were fully assessed and staff liaised with other health professionals to maintain people's health and wellbeing.

People received appropriate support to meet their nutritional needs.

Records showed that consent was gained in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring and their relatives agreed. Staff had built good relationships with the people they supported and knew them well.

People were involved in their care and able to make their own

decisions.

People were supported to be as independent as they could be.

Care plans were written in a way that protected people's dignity and records relating to the care people received were stored securely.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the care and support received and had been involved in the creation of their care plans.

Plans in place were person centred and reflected people's preferences.

People were supported to achieve goals that were important to them.

When required, staff supported people to participate in activities both within their homes and in the local community.

A complaints policy was available and people knew how to raise any concerns or complaints that they had.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor the quality and safety of the service.

There was a registered manager in post and feedback regarding the service was positive.

Systems were in place to gather feedback from people.

The provider had a range of policies and procedures available to help guide staff in their practice.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements.

Just ONE Recruitment and Training 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 took place on 24 and 25 September 2018 and was unannounced. The inspection team included two adult social care inspectors.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, one of the directors, the quality lead and received feedback from six members of staff. We met with five people who used the service to gather their views and spoke with two relatives.

We looked at the care files of five people receiving support from the service, six staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed interactions between staff and the people they supported.

Is the service safe?

Our findings

At the last inspection in July 2017, we found the provider was in breach of Regulation 17 as records regarding medicine management were not always clear or completed comprehensively and records showed that accidents and incidents were not always explored fully to ensure risk to people was reduced. The safe domain was rated as requires improvement.

During this inspection we found that although improvements had been made to medicine records and the provider was no longer in breach of Regulation, further improvements could be made.

Prior to the inspection we had been made aware that records regarding medicines were not always fully completed and some medicine errors had occurred. Since these concerns had been raised, the registered manager had introduced new shift lead posts at Oakfield. These staff were trained and responsible for the management of medicines when they were on duty. Staff supporting people with their medicines in other parts of the community had also completed appropriate training. People told us that staff helped them with their medication by ordering it for them and helping them to take it. Medicines were stored securely in people's homes. Care plans contained sufficient information on the support people needed to take their medication as independently and safely as possible. Medicine charts had also been completed fully by staff when medicines had been administered.

We found however, that the stock of medicines was not always managed well. For instance, one person had three tubes of the same cream in their cupboard without dates on to show when they had been opened or which should be used first. Another person had an unnecessarily large stock of a medicine in their home and staff had not noted the overstock or taken any action to rectify this on the person's behalf. The amount of medicines received from the pharmacy was not always recorded on people's medicine records. This meant that it was difficult to audit the stock balance to establish if they were correct. Following the inspection, the registered manager shared with us a new medication stock check form that they have introduced which included monthly checks of medicines.

One person's medicine record stated that a medicine should be taken three times per day. However, records showed that it had only been administered once per day for a number of weeks. We discussed this with the registered manager who agreed to investigate and following the inspection, told us the prescription should have read up to three times per day, but that the person chose to take it once and that the instructions had now been amended.

People we spoke with told us they felt the support they received helped to keep them safe. One person told us, "When you need help you just ask." Another person said, "I get the support I need." A relative we spoke with told us their family member was, "100% receiving safe care."

Prior to the inspection we had received a concern that there were not always enough staff to support people effectively. During the inspection people told us they received support from the same consistent staff team and that staff always arrived when expected. If there was any change to the planned staff rota, the office

always let people or their relatives know in advance. Staff confirmed that they provided support to people that they knew well. One staff member told us this helped to build up trust and a rapport with people. Some staff had left the service recently but new staff had been recruited and the registered manager told us the service was fully staffed.

We looked at how staff were recruited. Staff personnel files contained evidence of application an form, photographic identification, employment history, appropriate references and a Disclosure and Barring Service (DBS) check. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We spoke to three members of staff who had recently begun working for the service. All confirmed that prior to commencing work they had undergone a formal interview, met with the people they would be supporting and references and a DBS check had been undertaken on them. People receiving support were often included within the recruitment process and met potential staff members as part of the process. One person who received support told us that a group of service users had set questions prior to the interviews of two staff candidates. Questions had been diverse and included, approach to equality and diversity, flexibility and experience. They then discussed their views of the candidates with the registered manager who appointed a person to the role. This meant the person recruited had the attributes people using the service required.

Staff were knowledgeable about safeguarding processes, were aware of how to identify possible safeguarding concerns and told us they would not hesitate to report any concerns they had to senior managers or to the local authority. A policy was in place to help guide staff in their role and we found that the registered manager had referred safeguarding concerns to the local authority appropriately, so they could be investigated.

The care files we looked at showed risks to people had been assessed on an individual basis. For instance, one person's file contained a risk assessment about risks when they were out in the local community, risks regarding limited awareness of safety and risks in relation to skin integrity. Another person's file included risk assessments regarding cooking, managing finances and moving and handling. This showed that risks relevant to the person had been assessed and clear guidance was recorded as to how these risks should be managed by staff to help people stay safe.

Accidents and incidents were recorded within people's plans of care and the registered manager told us that all incidents were discussed during the managers weekly meeting and we saw records of these. We saw that appropriate actions were taken following incidents, such as referrals to the safeguarding team and updated risk assessments. Analysis of incidents helped to identify any trends, learn from any mistakes and reduce the risk of recurrence.

Staff were provided with personal protective equipment such as gloves, aprons and shoe covers for use when supporting people with personal care needs. Hand gel was also available to staff. This helped to prevent the spread of infection.

Is the service effective?

Our findings

At the last inspection in July 2017 we found that the provider was in breach of Regulation 17 as staff training records were fragmented and the registered provider did not have a clear oversight to ensure it remained up to date. The effective domain was rated as requires improvement.

During this inspection we looked to see if improvements had been made and found that they had. The registered manager maintained a training matrix which showed staff had completed training in areas that the service considered mandatory. These included safeguarding, confidentiality, equality and diversity, health and safety, first aid, fire safety, medicines, moving and handling, food hygiene and infection control. Training was also provided based on the specific needs of people supported, such as epilepsy, autism awareness and managing behaviours that can challenge. Each person's plan of care highlighted what training staff required to enable them to support the person effectively and we saw that this training had been provided.

Staff told us that they had access to the training they needed to support people safely and meet their needs. A new member of staff confirmed that they had undertaken the provider's four-day induction training and records showed that all staff had completed this. A second member of staff told us that the provider was supporting them to undertake a level 5 management course. Most staff told us that they could request any training they would find beneficial to their role and were confident that it would be provided for them, although one staff member told us they would like further training to help their own development.

We looked at support systems in place for staff. Staff told us that they felt supported by senior staff within the organisation. One member of staff said the registered manager was, "Super supportive," and said they could always get in touch with them if needed.

Records showed that staff received supervision regularly, although annual appraisals had not been completed for most staff in the past twelve months. The registered manager was aware of this and told us they had not had the opportunity to complete these since being in post, but would ensure they were scheduled in. Staff observations were completed which involved staff being observed in practice when they visited people in their homes and provided support. These were detailed and assessed the staff members approach, attitude, communications and whether they maintained people's dignity and privacy. This enabled the assessor to establish if there were any further training needs, or to feedback on good practice.

People's needs were assessed prior to the service providing support and care plans were in place to guide staff how to best meet people's needs that the service were responsible for meeting. This was different for each person, but included support with personal care, preparing food, shopping, mobility, maintaining safety when accessing the community, communication, medicines and achieving personal goals.

Records also showed that staff liaised with other health professionals in order to maintain people's health and wellbeing. This included contacting people's GP if they were unwell, supporting people to attend appointments, assisting people to liaise with landlords and social workers and ensuring advice provided by

other health professionals was followed when supporting people.

People who needed it told us that staff were available to help them shop for food. One person told us that they liked to food shop via the internet and staff helped them to do this. People also told us that staff helped them to prepare their meals and would help them with this at a time they preferred. For people who required staff to prepare their meals for them, detailed information was available regarding their likes and dislikes in relation to food and drinks.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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. Care plans showed that people had been involved in the development of their care plan and had signed their consent to agree the plan in place. People's consent was also sought when sharing information about them.

People who lack mental capacity to consent to their care or treatment, can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA through a Court of Protection order. The registered manager told us they would contact the local authority to discuss the need for a Court of Protection application to be considered by them if a person was unable to consent to their care and had restrictions placed upon them.

Is the service caring?

Our findings

People told us that staff were kind and caring. Their comments included, "I think staff do a good job. They are friendly" and "Most staff have got the right attitude. They do listen and take things on board." Another person told us they were happy with the care that they received, that they got on well with their carers and could have a laugh with them. Relatives agreed and one family member told us, "All of the carers are polite and respectful."

When we visited people, we saw that staff had built good relationships with the people they supported. Staff were friendly and respectful towards people and responsive to requests for support. Staff had a good knowledge of the people they supported and how to provide the support in the way the person preferred. Care plans provided staff with information about people's preferences in relation to their care, in areas such as social activities, preferred routines and what information staff needed to know to be able to best support them.

People told us they were involved in their care and able to make their own decisions. People using the service had been involved in recruitment processes as well as the development of their care and support plans. People who had flats in Oakfield also had access to regular tenant meetings to discuss any issues and remain updated on any changes in relation to the service provided there. This is good practice and showed us that the provider worked in partnership with the people they supported.

Relatives we spoke with also told us that they were fully involved in the planning of support for their family members, that they were kept up to date with any changes and that they were listened to when they shared their views of the support provided. One relative told us there was a "Two-way link" between them and the care staff; that staff never hesitated to contact them if they had any concerns and they could contact staff at any time.

Care plans guided staff to provide support in ways that encouraged people to be as independent as they could be. For instance, one person's personal care plan clearly stated what the person could do themselves, what they required some prompting with and what aspects staff needed to complete. Staff were clear when we spoke to them that their role was to support people to be as independent as possible. One member of staff told us they provided minimal personal care support for one person as, "They like their privacy, to be independent, they do a lot for themselves, we just support." Another member of staff told us, "I am learning to stand back, respect people's independence."

Care plans were written in a way that protected people's dignity and staff we spoke with clearly explained how they maintained people's privacy and dignity. One member of staff told us, "I ensure my clients privacy by not speaking about my client to anyone and not carrying any confidential information regarding my client on my person. I take my clients dignity very seriously and ensure this is not jeopardised." We did however observe two staff members entering a person's flat without knocking or explaining to the person why they were there. We informed a senior member of staff about this, who assured us it would be addressed. People who had flats in Oakfield told us that they felt the culture amongst staff was changing

and improving and that staff listened to them and were more receptive to this being their own home.

Records relating to the care people received were stored securely to ensure people's confidential information was protected. Staff files we viewed also showed that staff signed confidentiality agreements when they started in post, agreeing not to discuss the people they supported with anyone outside of the service. This helped to maintain people's privacy.

People were supported by staff to communicate effectively. For instance, one person's care plan reflected that they were not always able to find the words they needed to inform staff what they wanted, but could take staff, point and gesture to convey what they required. Another person's file showed that although they were often able to communicate verbally, they also used a picture exchange communication system (PECS) when needed. This helped to ensure that they were able to express their views and let staff know what support they wanted, when they wanted it.

Is the service responsive?

Our findings

People told us they were happy with the care and support that they received and that they had been involved in the creation of their care plans. People told us that they were aware of the contents and had sat with a senior member of staff who had discussed it with them.

We saw that care plans were in place to meet people's needs in areas such as communication, personal care, medicines management, nutrition and maintaining safety. There were also plans regarding involvement, to clearly show what input the person and their family members had with regards to care. The plans were detailed and provided staff with clear guidance on how to support people. For instance, each care plan included headings such as, "I need support with", "Why I need support" and "How to support me."

Plans were also in place regarding people's medical conditions and those we viewed contained clear guidance about the conditions and what support was needed to meet them. For instance, a person who had epilepsy had a plan in place that guided staff what they needed to do to support the person if they had a seizure. This included information on identifying a seizure, supporting the person during the seizure including administration of prescribed medicines and care that may be required following this.

Records showed that the care planning process was person centred and plans reflected people's views regarding their care. Each file included outcomes that people hoped to achieve by receiving the planned support. This included developing new skills, accessing new services and maintaining previously achieved outcomes. Plans reflected people's preferences and included information about them and their lives, such as what they enjoyed doing, how they communicated, their family members, special dates and events and any health needs. This helped staff to get to know people as individuals and provide support based on their needs and preferences.

We found that people were supported to achieve things that were important to them. For instance, one person wanted to access education and staff supported them to do this by providing details of courses in local colleges. Another person was completing training to enable them to assist in fire safety checks at Oakfield as they wanted to be involved. A third person was taking the lead of a charity coffee morning to be held in a communal area in Oakfield.

Care plans had been reviewed regularly and we found that when any changes had been made to the plans held in the office, the plans in people's homes had also been updated so staff had up to date information regarding people's needs. Records showed that people and their relatives had been included in the reviews and people confirmed this.

When planned, staff supported people to participate in activities both within their homes and in the local community. This was different for each person, but included activities such as attending groups, going to football, keep fit sessions, swimming, using social media sites and shopping.

People who had staff available 24 hours a day told us that when they used their call bell staff responded

quickly, sometimes this was via an intercom system and staff explained how long it would take them to physically get to the person to provide the support they needed. One person explained, "When you need help you just ask." Another person said, "I get the support I need."

A complaints policy was available and this was available within people's care plans and was referred to within the service user guide that people received when they began receiving support from the service. People told us that they knew how to raise any concerns or complaints that they had and were confident they would be listened to and acted upon. Staff were aware of the complaints procedure and able to explain how they would respond to a concern or complaint raised by someone using the service. We found that complaints were recorded, investigated and responded to in a timely way.

Is the service well-led?

Our findings

At the last inspection in July 2017 we found the provider to be in breach of Regulation 17 as systems in place to monitor the quality and safety of the service were not always effective. The well-led domain was rated as requires improvement.

During this inspection we saw that improvements had been made. A registered manager was now in post and feedback regarding the management of the service and the quality of the service provided, was positive. One person told us, "It's changing under new management" and that managers "listen to us." Two people we spoke with told us that there had been changes to the staff who supported them. They told us they had raised concerns with senior staff who had listened to their concerns. People told us they appreciated these changes and felt the service they received was improving.

Relatives we spoke with agreed that the service was being managed well. One relative explained that they had worked closely with the staff team and registered manager to make the necessary changes to ensure the support provided met their family member's needs. They told us the registered manager had, "Really tightened things up" and that the team now, "Worked exceptionally well together." Staff told us the registered manager was "Really approachable", "Supportive" and "Brilliant, she guides and helps us."

People told us they could always get hold of a senior member of staff, either by phone or by email. The service also had an on-call system to ensure people using the service could contact staff at any time. The provider had appointed a member of staff who worked part time as a team building mentor. A senior member of staff explained that this included being available for staff to talk to and helping staff work together as a team. Staff told us they enjoyed their job.

During the visit we looked at how the manager and provider ensured the quality and safety of the service provided. Reviews of care files took place regularly and the quality manager was developing a new system for reviews. They explained the first part of the review was to speak to people and get their feedback, then to look at the care plan in place to ensure it was up to date and reflective of people's needs. Medicine checks were also made by senior staff each week and these were reviewed by the registered manager each month. All accidents were reviewed and discussed at the weekly managers meetings, to help identify any trends and enable steps to be taken to reduce the risk of recurrence.

Weekly managers meetings were held and these provided an opportunity to discuss any issues with individual support packages, accidents, safeguarding concerns, changes in staff allocations or lessons learnt. Minutes of these meetings were provided to the directors of the company so they were kept updated on the day to day running of the service. This meant that systems were in place to monitor the quality and safety of the service.

Systems were in place to gather feedback from people. The quality manager had recently contacted people by phone to gather their views of the support provided by Just One. Where comments reflected room for improvement, actions were recorded. They had also sent out surveys to people and were waiting for these

to be returned. Regular meetings also took place with teams of staff involved in providing support to people to discuss any issues or changes required. Records showed that areas discussed included staffing, lateness, provision of support and keyworkers. Staff told us they were able to share their views about the service and that they were listened to.

Following our last inspection in July 2017, the provider submitted an action plan to CQC, stating what actions would be taken, by whom and when they would be completed, in order to ensure the necessary improvements were made. These included additional training for staff, improving the safety of medicine management, reviewing support packages, ensuring risks were assessed and mitigated and monitoring incidents. During this inspection, we saw that steps had been taken to make these improvements and most had been fully completed. Further work was still required regarding the recording of medicines. The provider also maintained a continual improvement register which included any issues that had been raised and when they had been addressed.

The registered manager has developed links with external agencies such as the LA and CCG and safeguarding teams to ensure high quality, joined up care is provided. Records showed that timely referrals were also made to other agencies when required, such as the occupational therapist for equipment, the continence team, local colleges and GP's.

The provider had a range of policies and procedures available to help guide staff in their practice and ensure they were aware of the responsibilities of their role and what was expected of them.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC could monitor information and risks regarding the service.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. We found that the previous rating was not displayed on the provider's website. We raised this during the inspection and it was actioned straight away. By the end of the inspection, the rating was clearly displayed on their website.