

1 to 1 Care UK Limited

1 to 1 Care

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

About the service:

This service is a domiciliary care agency (DCA). It provides personal care to people living in their own homes, including people living with dementia. On the day of the inspection 48 people were receiving personal care.

People's experience of using this service:

People continued to be safe. Risks to people's individual conditions and their environment had been assessed, recorded and updated when people's circumstances changed. There were sufficient staff and people experienced continuity of care. The provider followed safe recruitment processes. People received their medicines as prescribed.

People continued to receive effective care from staff that had ongoing training that was relevant to their roles. People were supported to have choice and control of their lives and staff respected their rights to make their own decisions. People, if needed, were supported to access healthcare services and eat and drink well.

The service remained caring. Staff were caring and treated people with dignity and respect. People were supported to be independent as much as possible. People's privacy was respected, and people's personal care records were kept secure to ensure confidentiality.

People received support that met their assessed needs. Staff knew people's needs well and this allowed them to respond promptly to any changes. People had opportunity to feedback their views in a number of ways and the service took action as a result of feedback to improve.

The registered manager ensured people and staff were involved and consulted. The management team monitored various aspects of the service delivery and took appropriate corrective action when required. The team were open, transparent and shared the same vision of providing a person centred approach to people.

Rating at last inspection:

Good (report published 24 November 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

1 to 1 Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

1 to 1 Care are a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community. There was 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'. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 21 May 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed the Provider Information Return (PIR) and returned within a required timescale. 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the site office visit we looked at records, which included four people's care records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the

service was managed. We spoke with the director, the registered manager, the care co-ordinator and two care staff. We also spoke with one service user who visited the provider's office accompanied by a staff member.

After the site inspection visit we contacted ten people and relatives to gather their feedback. We also contacted seven external health and social care professionals, including commissioners to obtain their views about the service.

Is the service safe?

Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and their relatives told us people were safe. Comments included, "I get an increased feeling of safety when they are here" and "Oh absolutely, yes, do feel safe".
- Staff knew how to recognise and report safeguarding concerns. One staff member said, "I'd report to family (of the person) and the registered manager, they would take action". The management were open and transparent and reported any safeguarding concerns appropriately to the local safeguarding team.

Assessing risk, safety monitoring and management:

- People were protected as any risks, such as surrounding their mobility, skin integrity and other individual needs were assessed and recorded. People's care records gave clear guidance to staff how to manage these. For example, one person suffered with fragile skin and their care plan gave details how to wash them gently.
- The provider had a system to record accidents and incidents, no accidents occurred, and the registered manager told us even if a person fallen between the scheduled visit they would review the care plans and risk assessments to prevent reoccurrence.
- There were systems in place to assess and record risks surrounding the environment. For example, one person's care file showed the person kept pets and the risk assessment guided staff how to ensure safety.

Staffing and recruitment:

- There were sufficient staff to keep people safe. People told us they saw regular staff, one person said, "Its tight knit group of girls". The provider used an electronic system that allowed for calls to be monitored in real time which ensured any late visits would be followed up immediately. A member of staff told us, "Regular staff visit regular people".
- The provider followed safe recruitment practices that ensured people were supported by staff safe to work with adults at risk.

Using medicines safely and preventing and controlling infection:

- People told us, and records confirmed people had their medicines when needed. One person's relative said, "They make sure she takes it and they check that she's had it". People's prescribed medicines were listed in their care plans. Due to consistent staff supporting people and their vigilance, staff were able to identify when an error was made by the pharmacy when filling in one person's dosette box (a pharmacy sealed monitoring dosage system box) and were able to feed this back to the pharmacy to amend it, so the

person had correct medicines.

- Staff followed good practice guidance around infection control. Staff received training around infection control and had access to personal protective equipment (PPE) such as gloves.

Learning lessons when things go wrong:

- The management ensured they reflected on practices and where things could be improved. For example, after identifying a potential risk during an initial assessment with one person, the registered manager ensured they reviewed the process and put systems in place to ensure two senior staff attended assessments if needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff respected their rights to make their own decisions. One person said, ", Yes, at the moment I can choose for myself, but I think they would give me choices". One relative said, "They ask [person] what she wants".
- Staff knew the principles of the MCA. Comments from staff included, "They (people) have got rights to make own decisions" and "Everyone has a right to make own choices".

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

- People's care plans highlighted people's dietary preferences. For example, one person's care plan stated they liked marmalade on bread. Staff were aware of people's likes and dislikes. The records showed staff assisted people with preparations of meals of their choice. One person's daily record stated, "Helped [person] with making soup and omelette".
- People said where staff supported them with eating and drinking they ensured people had a choice. One person said, "Yes, we use [specialist meal supplier's name] so there is lots of choice".

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

- People were positive about care received and felt they achieved good outcomes. Comments included, "They are all very good and I'm sure if I asked them to do anything, they would" and "They are very good".
- People's needs were assessed before commencement of the service. People, and if appropriate their relatives were involved in this process. Where applicable, the assessment received from commissioners had been sourced and used to draw people's care plans.

Staff support: induction, training, skills and experience:

- Staff received ongoing training and told us it prepared them well for the role. One staff member said, "I had

full training, completed diploma, also done dementia (awareness) and palliative care training".

- Staff had opportunities to complete training that reflected the Care Certificates standards. The Care Certificate is a nationally recognized set of standards that social care workers need to adhere to. Staff had additional training, specific to people's needs, such as around application of pressure relieving hosiery and assisting people with administering inhalers.
- Staff told us they were well supported by the management and the colleagues in the team.

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

- People were supported to access healthcare professionals when needed. One person needed to be assessed as safe for using bed rails and we saw a recent assessment carried out by the Occupational Therapist was incorporated in their care file.
- People we spoke with told us they were mostly independent with accessing health services. One person asked if staff supported them with this said, "They do and have done, like picking up prescriptions they are really helpful – some of them do it in their own time".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported:

- People told us staff were caring. People complimented the staff and told us they saw regular staff which contributed to building meaningful, caring relationships. Comments included, "They are pleasant calm people and we have a good relationship" and "They are just really, really lovely girls". One relative told us, "I was there the other day and the carer came, [person] was very happy to see her. They were chatting away".
- The management led by example and staff demonstrated the caring approach. One staff member said, "I do feel we're like a family here". We saw one person who, assisted by the member of staff visited the provider's office, they brought their handmade artwork for the management. The person kept referring to both the director and the registered manager by their first names and clearly felt at ease. The management ensured the person was thanked for their artwork which they promptly displayed in the office. This was clearly appreciated by the person.

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- Feedback from people reflected they were the driving force behind their support. One person told us, "Yes, I really am, that's right". Staff's feedback highlighted they were aware of importance of people's involvement. One staff member told us how they would always explain to people every step of the support to ensure person was comfortable with it, they said, "I am just about to do (a task), the cream may be a bit cold".
- People's individual communication needs were assessed, and the provider met the Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff cleaned people's glasses and knew how to support with hearing aids. They told us they recently supported a person who required information, such as office contact detail in red coloured print and that was provided to them.
- People's diverse needs including needs around equality were respected. A member of staff told us how they respected diversity. For example, they ensured people were supported by female staff if wished so. One staff member told us about a person they supported who, due to their religion liked to remove independently her lower body clothing and the staff respected that.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. One person said, "We find them all very kind". People's care plans highlighted the need for ensuring people's dignity; "Staff to be on the other side of the (bathroom) door as [person] has high privacy levels". The member of staff who accompanied the person who visited the

office, told us how the person dropped a piece of chocolate on their top so they 'did up the cardigan buttons' so the stain could not be seen.

- People's personal records were kept secure in the provider's office to protect confidentiality.
- People's care plans highlighted people's capabilities which ensured people's independence was promoted. For example, one person's care plan said, "It's important to encourage [person] to use their frame to walk to kitchen and small distances each time we're in there".

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People's needs, likes and dislikes were outlined in people's care plans and well known to the staff team. Each person had a personal profile that stated what was important to the person, who was important to them and what their interests were. The records confirmed people received support that met their needs. People's feedback about the support received was positive and showed the service was flexible and responsive. Comments included, "We have a stair lift they walk up with the stair lift to reassure [person], they always make sure [person] is steady on his feet" and "The other day we were chatting about more care when I go on holiday and they were very positive about what they can do while I'm away, very helpful and approachable".
- The management team ensured people's needs and any changes were communicated effectively amongst the team. This ensured important information was acted upon where necessary and recorded to ensure ongoing monitoring.
- We found the staff were vigilant and ensured people's well-being was at the heart of the service delivery. When staff noted one person was receiving suspicious packages they never remember ordering they flagged it up to the family and it turned out the person was tricked into signing up to online shopping via a bogus cold caller. The appropriate responsive action taken by staff meant the relatives were able to stop that and change the settings on the person's phone to prevent reoccurrence.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint and all except one person we spoke with told us they never had a reason to complain. One relative told us wherever they raised any concerns with the management team, a prompt action had been taken. They said, "I have once raised concern about one particular carer and [director] has never sent them back".
- There was a system to manage complaints, none had been received since our last inspection.
- We saw the compliments log and saw several compliments had been received by the service since our last inspection visit.

End of life care and support:

- The registered manager informed us no one received end of life care at the time of our inspection. People's end of life wishes if applicable, were discussed with people and reflected in care records.
- A representative from the team attended people's funerals to pay respects to people and their families.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care:

- The director aimed to deliver a good quality service to people and their philosophy, as stated on their website was to 'approach every situation with the same simple philosophy – what is in the Client's best interest, taking account of each client's specific circumstances'. The feedback from people and their relatives demonstrated this was being achieved.
- People and relatives were complimentary about the service and how it was run. Comments included, "Whenever I call they are always courteous and helpful on the phone", "Very nice man, very down to earth and helpful" and "[Registered Manager] is very good, very forthcoming. We have to allow for the different personalities and they have all been very pleasant and cheerful. We are very lucky".
- The provider had a number of quality assurance systems in place. For example, staff monitored the visits log in to ensure visits took place as planned. There were regular care reviews and spot checks carried out to ensure people's care plans reflected their current level of needs and that the staff performance was up to standards. The registered manager used the electronic rota system's diary for individual staff to record any concerns that needed to be followed up in individually. They also audited people's medicines records on regular basis to ensure the record had been appropriately signed and completed. As the registered manager worked regularly hands on alongside their staff, this gave them the opportunity for an ongoing monitoring of staff's practices.

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

- There was an open culture at the service. People were able to provide their feedback via reviews and spot checks and felt listened to. One person said, "I think they would be (receptive) if I had a suggestion I would speak to either [director] or [registered manager]". The director commented on how they looked into introducing an electronic system for care planning and considered whether it would be fit for purpose for their service, however they felt an electronic system could reduce the need for 'picking up the phone and speaking to people' which they felt was the best form of communication.
- Staff were encouraged to raise any concerns and to visit the office. There was a weekly update produced for staff to share any updates, news and changes around people's care.

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

- Feedback from people and relative reflected the team successfully achieved the aim of providing support that met people's expectations. Comments included, "I think they are absolutely lovely, very easy to get hold of and accommodating" and "Only positives, they are very lovely and I would recommend them to anyone!"
- The registered manager was aware of their responsibilities in relation to the Duty of Candour and sharing of information.

Working in partnership with others:

- The provider worked well in partnership with other local social and health professionals. We received positive feedback. Comments from professionals included, "The manager and staff approachable and deal effectively with any queries" and "They know their clients well and raise any concerns" which reflected transparency.