

One To One Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

One to One Homecare Limited provides personal care and support to people living in their own homes. Some people who receive the service live in supported living houses which they share with other people. The service specialises in providing support to people with learning disabilities or mental health needs. At the time of the inspection there were six people receiving personal care from the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. e.g. People's support focussed on them having as many opportunities as possible to gain new skills and become more independent.

People and their representatives were very happy with the service they received from One to One Homecare Limited. One relative told us, "You can't fault it in any way." Another said, "The service is superb. The staff really know what they are doing."

People received their care from a small consistent staff team who they were able to build trusting relationships with. Everyone told us staff were caring and patient.

There were systems in place which made sure people received their allocated hours but staff were flexible to fit around people's changing needs or wishes. One relative told us, "Their dedication is outstanding and their time keeping is exceptional."

People received a safe service because the provider had systems and processes which helped to minimise risks. This included a robust recruitment procedure and training for staff about how to recognise and report suspicions of abuse. One person told us, "I feel safe because staff are always kind."

People were involved in decisions about the care they received and staff knew how to communicate with each person to help them to make choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported by staff who had the skills and experience to help them to maintain and develop their independence. Staff treated people as individuals and respected their privacy and lifestyle choices.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with a member of staff or the provider.

The management structure in the service ensured people and staff had access to, and support from, a competent management team. The provider monitored quality, sought people's views and planned on-going improvements.

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

Rating at last inspection: Good. (The last inspection report was published in August 2016.)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

One to One Homecare Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

Service and service type:

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

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with learning disabilities and mental health needs.

The service had a manager registered with the Care Quality Commission. 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:

We gave the service 72 hours' notice of the inspection site visit because this is a small service and we needed to be sure arrangements could be made to meet with key staff and people who use the service

Inspection site visit activity was carried out on 7 February 2019. We visited the office location on this date to

see the provider and office staff; and to review care records and policies and procedures. We also visited one supported living house. Following the inspection visit we spoke on the telephone to the relatives of three people.

What we did:

- We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at notifications received from the service.

During the inspection we spoke with three people who used the service and four members of staff. We observed staff interactions with people in the communal area of one supported living house.

We looked at a selection of records which included;

- Three care and support plans
- Records of staff training and monitoring visits
- Records of management meetings
- One person's medication administration records.
- A sample of completed satisfaction surveys.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected because the provider ensured all staff knew how to recognise and report abuse. Staff told us they would not hesitate to report their concerns to a member of the management team. All were confident action would be taken to keep people safe.
- The provider worked with other relevant authorities, such as the local authority, to make sure people were protected from abuse and avoidable harm.
- People felt safe with the staff who supported them. One person told us, "I feel safe because staff are always kind." A relative said, "I know they are safe and happy."

Staffing and recruitment

- The provider operated a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to make sure they had the appropriate skills and character to work with vulnerable people. Staff told us they had not been able to start work until all checks had been carried out.
- There were sufficient staff to meet people's needs. Staff told us they worked flexibly to make sure all contracted hours were covered and they were able to respond to changes, such as supporting people to attend appointments. One relative told us, "They are really flexible and accommodating."
- The service used an electronic system where staff recorded when they entered and left a person's home. This information was relayed to the main office to enable the office staff to track staff movements and ensure people received their allocated hours.

Assessing risk, safety monitoring and management

- People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.
- Control measures were put in place to minimise identified risks to people. For example, one person had a risk assessment regarding prescribed medicines and there was clear guidance to show how the risks would be minimised.
- Staff were able to explain to us how they minimised risks to people's health and well-being. For example, helping a person with limited mobility to regularly change position to avoid pressure damage to their skin.

Using medicines safely

- People who required help to take medicines received support from staff who had received specific training.
- Staff kept records of when medicines were received and when administered or refused. This helped them to monitor the effectiveness of prescribed medicines.

- People were happy with how their medicines were managed. One person told us, "The doctor checks my meds. They're kept locked away and the staff make sure I get the right ones."

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- The provider used management meetings to discuss issues of concern and ensured any changes as a result of learning from incidents was shared with the staff team.
- The provider listened to staff feedback to make sure people received safe care. For example; one member of staff had raised issues with a piece of equipment which had been provided for a person. Different equipment had been sourced as a result of this feedback.

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

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

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

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had the staff available to provide personalised care in accordance with needs and wishes.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to effectively and safely support them.
- New staff completed an induction programme when they began work and had some opportunities to shadow more experienced staff. Two staff told us they would have liked the induction to be more practical and they had fed this back to the provider. The provider informed us changes were being made to the induction programme in response to the feedback they had received.
- Staff felt well supported by the provider. Staff said the management team were approachable and they were always able to contact someone if they required advice or support. One member of said, "Management are really supportive. You can ring anytime. Anything I want to know I just ask."
- People's specific needs were met because staff received training to meet individual needs. For example, one person needed to use a mechanical hoist to help them to move and staff had received specific training in how to safely operate this equipment.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support.

- Staff helped some people to prepare and cook meals. One person said staff cooked meals and told us; "We have lovely food."
- Staff worked with other health professionals to make sure people received food and drink according to their needs. One person had been seen by a speech and language therapist who had made recommendations about the consistency of the food the person needed to minimise the risk of choking. Although staff were aware of the recommendations, and were providing the correct food, the recommendations had not been incorporated into the person's care plan. This could place the person at risk of receiving inappropriate food.
- Care plans showed staff monitored people's health and supported them to attend medical appointments. One person said, "They help me with appointments."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other professionals to make sure people received effective care and support. This had included working extensively with the local housing authority to make sure a person had suitable accommodation to meet their needs.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence.
- The provider told us they had good relationships with local professionals and they worked in partnership to assess people's needs and arrange packages of care that promoted people's well-being and independence.

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.

- The majority of people were able to make decisions for themselves and staff respected people's choices.
- Staff worked in a way that respected people's individuality and were non-judgemental when people made choices which other people might consider unwise. One person said, "I can do what I want to do."
- Staff helped people to make choices by a variety of methods. Care plans clearly set out how staff should support people to make choices. This included using pictures and observing facial expressions and body language.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests. For example, staff had met with healthcare professionals and family members to decide what was in a person's best interests when a medical intervention was planned.

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider matched staff to people to enable them to build trusting relationships and share interests and hobbies. One relative told us, "They are so well matched they are more like friends." One person said they had developed a special bond with the member of staff who usually supported them and said, "They help me to be calm."
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- People told us staff were respectful of them and their belongings. One person who lived in one of the supported living houses said, "My room is private to me."
- The service had received a number of compliments about the support they provided. These included; praising staff for visiting in the snow, helping families to deal with other professionals and supporting a person to video call relatives to help them to stay in touch. These examples demonstrated staff's commitment to the people they supported

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

- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care. Staff also used their observational skills to help them to create care plans that took account of people's reactions to specific things.
- People and their representatives felt involved in all decisions about their support. One relative told us that when the person began to use the service they went through everything together, which gave them real confidence in the service.

Respecting and promoting people's privacy, dignity and independence

- Staff spoken with talked affectionately and respectfully about the people they supported.
- Staff helped people to develop their independent living skills. For example, staff had supported one person to move to a more independent living environment.
- People received care and support from a small consistent staff team which helped to promote people's confidence and independence. One relative said the consistent staff team had helped the person to gain confidence which had enabled them to be comfortable to try new experiences and be more independent.
- People were treated with respect and dignity. One relative said, "They treat them with dignity which is really important."

Is the service responsive?

Our findings

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

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

- Staff had an excellent knowledge of people and their personal preferences and needs.
- Care was planned around people's preferred routines and staff were always flexible to accommodate people's wishes. One relative said, "They never mind juggling the rota to fit in with us."
- Care plans showed people were fully involved in planning their care and changes were made when needs or wishes changed.
- The Service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one care plan demonstrated that the person's communication needs had been discussed with other professionals to enable them to make choices. Another person used pictures to communicate their needs and wishes.
- People were supported to take part in activities according to their wishes and abilities. In some instances, staff supported people to access local facilities which helped to increase their sense of independence.
- People were supported in an anti-discriminatory inclusive way. Staff did not wear uniforms which helped to break down barriers. One relative said, "Staff don't take things personally they accept people for who they are."

Improving care quality in response to complaints or concerns

- People felt able to share any worries or concerns with staff who supported them. One person said, "I talk to the staff when I'm upset." Another person said, "If I was worried about anything I would talk with the staff."
- The provider encouraged an open culture where people and their representatives felt able to raise issues. One relative told us they had raised an issue with the management of the service. They said, "[Staff name] said that it will not happen again and I know it won't. If you mention something it is put right."
- Staff knew people well and were able to identify when people were upset or concerned about something. One member of staff said, "You form bonds with people. Because we know people well we can tell if something isn't right. It's a very personalised service."
- The service had not received any formal complaints since the last inspection.

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

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

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

- People received high quality personalised care because the provider was committed to making sure everyone received care which was individual to them. Although the service had grown since the last inspection the provider was clear they wanted to grow at a manageable pace which meant they did not compromise on quality.
- In addition to knowing all the people who used the service, the provider had a good knowledge of staff and shared their philosophy in an informal way and through formal staff appraisals.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The provider told us they had an open culture and staff confirmed this. A relative told us when an incident occurred the provider was open and honest and they had been informed of the changes made to avoid re-occurrence.

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

- Since the last inspection the management team had changed to reflect the changes and expansion of the service. At the time of the inspection new roles had been created and responsibilities were still being discussed.
- The management team worked alongside staff and also carried out observational visits to monitor quality and individual staff practice. This helped to ensure people received a consistent level of support.
- Communication within the service was good. One relative told us, "If you say something you don't have to repeat it, they make sure everyone knows." Another relative said, "The communication between staff and with us is excellent."
- People benefited from a management team who were committed to on-going improvements. There were regular management meetings where issues were discussed and action plans put in place to show how improvements would be made.
- The provider was investing in technology to improve how information was stored and had also put in place electronic monitoring for staff. This involved each member of staff checking in and out of each visit by mobile phone. This helped the provider to monitor the times and duration of visits and alerted them if staff did not arrive at their next visit. This enabled the provider to further monitor quality and improved safety for staff.

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

characteristics

- The provider spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People were able to share their views through annual satisfaction surveys. The results of the last survey showed a high level of satisfaction with the service.
- People's views were listened to and acted upon. For example, staff had suggested changes to the induction programme and changes were being made. In a returned survey someone had suggested a tumble drier to help people with laundry and this had been purchased.

Working in partnership with others

- The provider worked in partnership with other professionals and made sure people were integrated into their local community.
- Some people who used the service had carried out fundraising events for local charities which helped them to be valued members of their community.
- The staff worked in partnership with people and relatives. One relative said, "They're not afraid to do things differently. It feels like a partnership."