

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

This inspection took place on 21 October and was announced.

1-1 Private Care Domiciliary Care Agency (DCA) provides personal care services to people in their own homes. At the time of our inspection 47 people were receiving a personal care service.

There was a registered manager in post. 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 told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained. The registered manager and senior care staff carried out observations on staff to ensure that the correct standard of care was being delivered.

Staff spoke positively about the support they received from senior care staff and the registered manager. Staff had access to effective supervision. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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 told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the training, skills and support to meet people's needs.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were friendly, polite and compassionate when providing support to people.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

Is the service responsive?

Good ●

The service was responsive.

The service responded to peoples changing needs.

Staff understood people they cared for and knew their preferences and personal histories.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Good ●

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Detailed findings

Background to this inspection

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

This inspection took place on 21 October 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by one inspector.

We spoke with five people who used the service and four relatives. We also spoke to the registered manager, the director, one senior care worker and five care workers. We reviewed seven people's care files, six staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe when they are here", "When they come in they are always cheerful. This always puts me at ease", "Yes I feel safe" and "I certainly feel looked after". Relatives we spoke with told us people were safe. Comments included; "Absolutely safe, no complaints", "Dad really looks forward to them coming" and "He is absolutely safe and fine with them".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the registered manager. Their comments included "I would raise my concerns immediately with [registered manager]", "If I had concerns about self-neglect and that someone appeared to not be looking after themselves then I would inform my senior straight away", "I usually report concerns straight to the office, they then keep me informed of what's happening" and "I would inform my manager straight away".

Staff were also aware they could report concerns externally if needed. Comments included; "I would report it to social services", "I would ring the safeguarding team if I had to", "If I was really worried I would report it to the police or CQC (Care Quality Commission)", "I would use the out of hours social services number" and "I know I can come to you guys (Care Quality Commission) if I need to".

People's care plans contained risk assessments which included risks associated with moving and handling, medication, malnutrition, pressure damage, falls, personal care and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability to healthcare professionals. Another person was at risk of falls. The person's risk assessment included guidance for staff to reduce the risk of an accident during moving and handling tasks.

Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained. People's individual medication administration records (MAR) documented when staff had assisted people with their prescribed medicines. These were fully completed which showed people received their medicine as prescribed.

Staffing rotas confirmed there were enough staff to meet people's needs. People we spoke with told us there were enough staff and they had not experienced any missed visits. People's comments included "They have never missed a visit yet", "We have an agreement and they stick to it", "They always turn up. Occasionally they may be a little late. But they will always ring me and let me know" and "They don't miss my visits". A relative told us "I have never known them to miss a visit". Staff we spoke with told us that there were enough staff to meet people's needs. One staff member told us "Staffing levels are fairly good and there's always someone who will help out if need be. We are a close team".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS).

These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with a member of staff who told us "I couldn't start until my checks came back".

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their care records. Comments included: "They know me and my needs", "They know me well and they know what they are doing" and "They are always very helpful".

Relatives told us "They know what they are doing", "We are very well acquainted with all the workers and they certainly know what they are doing", "The girl's knowledge is very good indeed" and "(Staff) are bang on marvellous. They are a good bunch".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included safeguarding, mental capacity, medication, equality and diversity, infection control and moving and handling. We spoke with the registered manager about training and they told us "We take training seriously. If you send someone straight in their without support and training then they aren't going to last long. That wouldn't be good for the clients or the service".

Staff spoke positively about the training they received. Staff comments included. "My training was excellent", "I can't fault the training", "I think the training is brilliant" and "I think the training is really good". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One member of staff we spoke with told us "I have just completed my (national qualification)".

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told us they felt supported by their line managers. Comments included; "[Registered manager] has supported me brilliantly", "[Registered manager] has helped me improve as a carer", "You can go to her anytime and I am not made to feel that I am bothering her", "We get supervision every three months, I find it helpful" and "They check our competencies during care visits. They always feedback I find it really helpful".

We noted that the registered manager and senior care staff carried out observations on staff to ensure that the correct standard of care was being delivered. We spoke with the registered manager about this and they told us "Spot checks are routine practice. However if we have concerns then we will act on those concerns and turn up announced".

The registered manager was clear about their responsibilities relating to the Mental Capacity Act 2005 (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. 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 were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. Comments included, "It's there to protect people", "Capacity changes. People could have full capacity one day and limited the next", "If I was worried about someone's capacity I would arrange for a capacity assessment and get social services involved", "It's there to protect people who are unable to make safe decisions that are not in their best interest" and "It protects people's rights to make decisions".

Most people said they did not need any support to eat and drink. Comments included "I don't need any support. But the first thing [staff member] does when she turns up is makes me a nice cup of tea" and "They always make sure I have got plenty to drink". People that did need support told us they received effective support. People's care records highlighted their support needs in relation to eating and drinking.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, opticians and district nurses. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person had been referred to their G.P following concerns that the person was at risk of malnutrition. The person's care records contained details of recommendations made by the person's G.P. Staff we spoke with were aware of this guidance and followed it.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included "The carers are lovely, I would be lost without them", "The staff are lovely, I haven't had a bad one yet", "When [staff member] turns up on a (day). I never have to ask. She just goes straight to the car and gets my shopping out", "They are lovely. We always have a laugh", "They are always very helpful and nice" and "They are good carers".

Relatives we spoke with told us "They are the best there is", "We are very happy with them. They are so kind and caring", "I could not recommend the service highly enough" and "I have to say that the girl that comes is delightful and very nice. At first my husband was a little apprehensive about having a carer. Well he has taken to her and now they get on like a house on fire".

During our inspection one person visited the office with a staff member. During the visit the staff member, registered manager and the director treated this person in a caring and kind way. The staff were friendly and caring towards the person and took time to speak with them. People told us staff were friendly, polite and respectful when providing support. One person told us "They respect you and they are always polite". Another person told us "We get on very well, they are polite and very accommodating". A relative we spoke with told us "They are very friendly and nice without being over familiar".

Staff were enthusiastic about supporting people. Comments included "I find it fulfilling. I like being with old people and getting to know them", "I love my job", "I really enjoy my job. The clients are lovely", "Every day is different I love it and I like helping people", "It's a very rewarding job. I also see it as something that my mum will need one day" and "It's great knowing I have done something to help a person stay in their own home".

People told us they were treated with dignity and respect. Comments included "They always cover me up", "They make sure no one else is around", "They always close the curtains and shut the doors" Relatives told us "They always make sure [person] is covered up" and "They always draw the curtains and close the doors". People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. One person told us "They always tell me what's going to happen, they are marvellous".

We asked staff how they promoted people's dignity and respect. Staff comments included "We must make sure curtains are always shut and towels are used to protect peoples dignity", "I will always ask relatives to leave the room", "Respect is also about giving choice", "Personal care can be quite intimate, so gaining consent is also important", "We need to make people feel valued because it puts people at ease and helps form positive relationships. This helps people understand that you are there to support them and not just take over" and "Dignity and respect is about promoting self-worth". We noted that the language used in care records and support documents was respectful and appropriate.

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said "We tell people what we are going to do, how we are going to do it and if they are

okay with this. You need to put yourself in their shoes". Another staff member told us "It's important to let people know what's happening. It stops them from becoming scared or frightened. It also promotes people's rights".

People told us they felt involved in their care. One person told us "I am involved in my care, we always have a good chat about what's going on". One relative told us "Oh certainly, we are very much involved". Another relative told us "We feel very much involved in the care".

People were supported to remain independent. One staff member described how they had recently supported a person to leave their home following a long period of not going out within the community. The staff member told us "[Person] was anxious about leaving the house. We discussed it over the course of a few months. Then one day [person] decided that they wanted to go out so I supported (them) and know we often go out". Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. Comments included "We must encourage people to do as much as possible", "To support independence we must adapt the care to that of the person's individual needs" and "You promote independence by putting people at the centre of their care".

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their changing needs. One person told us "I once had a (medical condition) I rang the out of hours number. Well they came straight round to see me and got things sorted". Another person told us "I had a problem once and they helped me following it up with the district nurses".

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us that their care was regularly reviewed by the service. Comments included "Every six months, they come around and we go through my care plan", "They review everything including my medication" and "We meet and talk about things".

The service was responsive to peoples changing needs. For example staff noted a change in a person's behaviour. The service then referred this person to their G.P. The actions taken by the service resulted in a review of this person's medication and an improvement to the person's wellbeing.

We also noted that following a change in another person's medical condition the service took action by referring the person to the appropriate healthcare professionals. The service then continued to support this person to attend future appointments. This persons care records demonstrated the condition was continually reviewed by staff and the registered manager. The impact of this was that the persons quality of life improved.

We observed a hand over meeting between the registered manager and a senior carer and it was evident that people's changing needs were being discussed. For example, the registered manager and a senior carer discussed a change in a person's dietary needs.

Staff we spoke with knew the people they cared for, including their preferences, how they liked to spend their time and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences in relation to personal care. The staff member also told us about people who were important to this person and what they enjoyed watching on television. The information given by the staff member matched what was written in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their care. For example one staff member explained the importance of following a person's daily routine whilst delivering personal care.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within peoples care records. Records showed there had been no complaints since our last inspection. One person we spoke with told us "I have never complained because I have never had a bad word to say about them. If I had to though I would ring the office and speak to [registered manager]".

The service sought people's views and opinions through a yearly satisfaction survey and a quality assurance questionnaire. We observed that the responses to the survey were positive. We saw evidence of how people using the service had been supported by senior staff to complete the satisfaction surveys. We spoke with the registered manager about this and they told us "Feedback is not about people telling us what we want to hear. We need to be confident that we know what's happening within the service. Feedback is always seen as a negative. It's not, it's what helps us improve".

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included "She is good at getting things done", "She is brilliant and the clients love her as much as we do", "She's brilliant", "She's amazing", "[Registered manager] is a great manager and a great carer" and "[Registered manager] is always there if you need support".

The registered manager told us their visions and values for the service were "To ensure that every person we support gets the right care for them and their families. Families get forgotten and it shouldn't be like that". There was a positive and open culture in the office and the registered manager was available and approachable. People who visited the office knew who the registered manager was and we saw staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us "I would not be worried about going to [registered manager] about anything".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, risk assessments and the day to day management of the service. Learning from these audits was used to make improvements. For example, following a review of care records the registered manager introduced a new document to people's records that was titled 'client alerts'. This document was used to highlight known risks to staff immediately when staff accessed people's records. We spoke with the registered manager about this and they told us "We introduced this here to alert staff to the immediate risks of the client" and "We identified it through our own internal systems and took the initiative. We also recognise the time constraints faced by our (staff)".

The service had a designated trainer whose role involved overseeing the training and development of staff. We noted that the service had introduced as part of the trainer's role to carry out observations on staff whilst they were delivering personal care to people. We spoke with the trainer about this and they told us "We introduced this to support personal development. It allows us to make an assessment of training and individual development needs" and "The observation also helps to continuously develop the training". The registered manager told us "This is about shadowing staff. It is not supervision. It's more about development and inputting feedback back into the training". This demonstrated that the service was continually looking to develop its staff team and continually improve the quality of care it provided to people.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the quality of care that people received. For example following an incident where a person received the wrong medical treatment for an ongoing medical condition. The registered manager

took the appropriate steps to mitigate the risk of future occurrences. This included liaising with healthcare professionals. We spoke with this person and they told us "When I phoned them and told them, they came out to me. They then followed this up with (healthcare professionals) and it hasn't happened since.

We spoke with the registered manager about how they managed accidents and incidents. They told us "We look back at report sheets, we look for patterns. Was it at a set time, what day was it. This helps us identify trends and eliminate the risk".

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.