

One To One Home Care Agency Limited

Progress House

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

We inspected Progress House on 2 March 2016. The inspection was announced because we wanted to ensure that there would be someone present when we visited and that the service had time to arrange a list of people we could speak to.

Progress House is registered to provide personal care and support to people living in their own homes. At the time of our inspection Progress House was providing support to 80 people.

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. We were told that the manager was new to the post and was in the process of submitting their registration documents.

Staff knew how to recognise and report any concerns so that people were kept safe from the risk of abuse. People who needed support were assisted to safely use medicines. There were enough staff to enable all of the planned visits to be completed on time. Background checks had been completed before new staff had been appointed.

Staff knew how to care for people in order to meet their needs and they had received all of the training and support they needed. People had been supported to eat and drink enough and to access any healthcare services they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People and their relatives said that staff were kind and caring. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive. There were arrangements in place to quickly and fairly resolve complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and relaxed way, there was good team work and staff were supported to speak out if they had any concerns about poor practice. People had benefited from staff acting upon good practice guidance.

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 felt safe and felt supported by staff who were well trained in safeguarding procedures.

The service had undertaken checks to ensure that staff were suitable to work with vulnerable people.

Sufficient numbers were deployed to support people according to their care plans.

People who needed help to take their medicines were supported by well trained staff.

Is the service effective?

Good ●

The service was effective

Staff received sufficient training to provide support to people.

People were supported to have enough to eat and drink

Support was available if needed for people to access medical assistance.

Is the service caring?

Good ●

The service was caring

People were supported by kind and caring staff who had access to necessary information to meet people's needs.

People and their families were fully involved in planning their care.

People were supported to maintain their independence.

People's dignity was maintained and confidential information was kept securely.

Is the service responsive?

Good ●

The service was responsive

People were able to contact the service to make any amendments to their care.

People were able to express their preferences for how their care was provided and who delivered it.

People were confident that their concerns and complaints were listened to and responded to appropriately.

Is the service well-led?

The service was well led

The registered manager had a good overview of the service and had monitoring systems in place to assure the quality of the service provided to people.

Staff were confident that they were listened to and felt valued by the service.

Staff received regular supervision and appraisals of their performance.

Good ●

Progress House

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 2 March 2016 and was announced. Our visit was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We contacted the local safeguarding team and the local authority quality assurance team for their views about the service. We also gained feedback from health and social care professionals prior to our visit. During our visit we spoke with the registered manager, the branch manager and six members of the care staff.

We spoke with nine people using the service who were able to tell us directly about the care they received.

We viewed the care records for nine people. We also looked at records in relation to the management of the home including staff recruitment files, health & safety records, quality monitoring audits and staff training records.

Is the service safe?

Our findings

People we spoke with told us that they felt safe but that they would ring the office or speak to family or friends if they felt unsafe. They told us that they had a good relationship with the office and felt comfortable speaking to the manager or one of the care co-ordinators if they needed to.

We saw evidence that staff were well trained in safeguarding procedures and how to identify when people might be experiencing abuse. Staff told us that they would ring the office to speak to the manager or one of the care co-ordinators if they had any concerns. They also told us that they could contact external agencies such as the Care Quality Commission or the local authority safeguarding service if they needed to.

We saw records that showed how the service ensured that staff were suitable to deliver care to vulnerable people. This included records of references and Disclosure and Barring Service (DBS) checks that had been sought for new staff before they commenced working.

The records held by CQC showed how the registered manager had investigated and addressed incidents where people alleged that they were experiencing abuse from carers. These issues had been dealt with appropriately and sensitively to the person's satisfaction.

Staff told us that they would know what to do in an emergency. We saw that risk assessments were carried out for people using the service and that they were regularly reviewed. Staff told us that they reported environmental risks such as trip hazards to the office and that risk assessments were then updated accordingly. When they had reported risks in people's homes, a member of the co-ordination team visited the person's home and reviewed the issue.

People told us that there were generally enough staff to carry out the care tasks needed. They told us that sometimes the carers arrived late because of an emergency at the previous visit. People understood this and told us that it wasn't a problem. They told us that the office would contact them if care staff were going to be significantly late. The number of staff deployed to each person was assessed when the person joined the service in liaison with the service commissioner and/or the person. If the person's needs changed we were told that one of the care co-ordinators would reassess the person's needs and amend the service accordingly.

Staff told us that there were generally enough staff deployed to carry out the care tasks. If they felt the person's needs had changed then they could contact the office to request a needs review in order to get more time allocated. They told us that there was generally enough time to complete the tasks but they needed to be highly organised. Some staff expressed that they wished that they had more time to talk to people as they felt that they were the only social contact that some people had. Some people were assessed as needing two carers to support them. Staff told us that if one of the carers was absent for some reason then they would ring the office to notify them of the issue and get on with other tasks within the care plan while they waited for someone else to arrive.

Most of the people that we spoke with told us that they administered their own medicines . We saw records for people in their care files and these showed that medicines were being given safely and appropriately as prescribed .

However, the service did not assess and mitigate the risk associated with relatives and friends being involved in administering medicines at times. MAR's we looked at did not always show that medicines had been administered as the prescriber had intended. We discussed this with the provider who took immediate action and redesigned the chart to more accurately record the administration of medicines.

We saw evidence that staff were well trained in medicine administration procedures and that their training was regularly reviewed. Staff confirmed that they received regular medicines training. This told us that people who couldn't manage to, independently, take their medicines as intended by the prescriber were supported by well trained staff.

Staff told us that there was a whistleblowing policy in place at the service and that they would not hesitate to raise concerns if it was necessary.

Is the service effective?

Our findings

People told us that they felt that of the staff were well trained to provide the care that they needed. One person told us, "The older carers were well trained but some of the younger ones were not so well trained". Another person told us, "I had three new girls last week, I had to teach them about what I wanted; they don't know a thing. You've got to show them what to do. It's hard on the girls who are good". Another person told us that the regular staff had the knowledge and skills to meet their needs.

Staff told us that they received good training. The trainers for the service carried out unannounced observations of staff as they worked to check on practice and to identify training needs. They told us that they found this beneficial. The trainers told us that if they identified poor practice they would address it quickly and if the issue was putting a person at risk they would intervene immediately. One member of staff told us, "We get enough training, induction training, moving and handling training is updated yearly. People can ask for more. Once you've done your induction, you can go out and shadow someone, there is no limit on this".

Staff told us that they received an annual appraisal and this was evidenced in their personnel files. They also told us that they could speak to the manager or other senior staff at the office if they needed support or advice.

The service had its own training facility with dedicated staff to this task and a room equipped to deliver training in a range of practical caring tasks. There was a range of equipment available including a hoist, wheelchair, rise and fall bed, rise and recline chair, walking and continence aids. This showed us that staff could be trained to correctly use equipment that they might encounter in people's homes.

The training team had a good oversight of training and used a spreadsheet to ensure that carers' knowledge was kept up to date. They were able to monitor when staff needed refresher training and which sessions they had missed. We were told that if staff appeared to avoid certain training they would not be allowed to work until they had completed the necessary courses.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff confirmed that they had received training on the MCA and this was confirmed in the staff files. Staff explained how they dealt with issues of consent with people. Staff told us that if someone did not want their

medicines, they [staff] would try again five minutes later and if someone refused to eat while the carers were present, they [staff] would prepare something for the person to eat later. Staff were clear that they could not force people to do things that they didn't want to do. They told us that they would not give someone a wash if they didn't want one. However, staff would report this back to the office who would inform the person's family and social care services.

People were supported to have enough to eat and drink as far as possible. Staff we spoke with told us that they would ensure that people were left with sufficient fluids between visits. Nutrition and hydration charts would be provided where someone was considered to be at risk of not eating or drinking enough. Staff told us they monitored people's food intake and where they suspected there might be an issue they would try to find out whether or not the person had consumed food before reporting the issue back to the office in order for the person's needs to be reassessed.

Staff told us that they would assist people to access medical support if needed but that most people were able to manage this themselves or had partners or friends who could help them. They told us they would call the person's GP on their behalf or report the issue back to the office if required. Staff told us they knew people well and would be able to identify if they were not well and would ask if they needed to see a doctor. Some of the people we spoke with told us that they could ask the staff to contact their doctor for them

Is the service caring?

Our findings

Most of the people we spoke with told us that they were very happy with the staff who supported them. One person told us, "The majority of staff are excellent", another person told us, "Staff are lovely, not a bad one". Another person told us, "The carers are quite good but the younger ones are not quite as good". One person told us that their relative had a good relationship with their care staff and was able to laugh and joke with them. They told us that their relative had their care provided by a small team of familiar care staff who were well trained to meet their relative's needs.

People and their relatives told us that they were involved in planning their care. Some people told us that they aimed to do as much as they can for themselves and asked the carers to do the tasks that they found difficult on any particular day. One person told us, "I'm totally involved in my relative's care". Staff told us that they felt people were involved in planning their care and this was evidenced in the care plans. They told us, " We make sure that everything is to their needs and people are able to express their views on their care plans. The family are consulted if people have communication needs and we find a way to communicate with people".

People told us that they were able to have a say about how they received their care. One person told us, "They [staff] support me with my independence, I don't have to tell them what to do, but if I want something doing I can tell them, they'll empty the rubbish or wind up the clock for me". Another person told us, " They respond well, when we first started using them it was difficult to get into a routine with the times. They were able to adjust the visits, they had a conversation over it and the supervisor comes over from time to time to see how things are going. They're very approachable and they make the necessary alterations to suit you". This told us that people were fully involved in decisions about the care that they received.

We saw that records of people's personal information including the codes for their key safes was kept securely. We also saw that the service were mindful about how they kept people's contact details safe. This was evidenced by the list of contact information given to us to seek people's views which was marked confidential. This showed us that the service respected people's personal information and ensured that was kept confidential.

Staff told us how they promote people's dignity. They told us that they cover the top half of people's bodies when washing the lower half and vice versa. People told us that staff were respectful towards them and maintained their dignity as far as possible.

Is the service responsive?

Our findings

People told us that the service was adaptable to their needs and would change the times of visits as requested by people to fit around other appointments. One person told us, "If I want to cancel a visit, I'll phone them and send them an e-mail, they always get back to me".

Staff told us that they had enough information in the care plans to effectively meet people's needs. They told us, "...there's enough information in the care plan. For instance, if they [people] have any illnesses, what their needs are, do they wear glasses etc...other things we find out as we go along, you get to find out people's preferences. We make sure that we document everything we've done. I went to see a new [person] this morning and I looked back through her notes to familiarise myself with their care".

We saw records of people's care plans that included their care needs and their preferences for how their care was delivered. The care plan also included guidance to staff on how to promote the person's independence and their support needs for taking their medicines, preparing meals, dressing and personal care.

People told us that they were able to express their preferences for care such as the gender of their care staff. One person told us that they didn't want male staff providing care for them and that the service had accommodated this preference. Other people told us that they were able to change what support they needed at any point with the staff. For instance, if they felt able to be more independent one day then they could tell the staff who would then enable the person to do more for themselves.

People told us that they had very few missed calls or late visits. One person told us, "They respond well, when we first started using them it was difficult to get into a routine with the times. They were able to adjust the visits, they had a conversation with us over the phone about it and a supervisor comes over from time to time to see how things are going. They're very approachable and they make the necessary alterations to suit you. They're always here on time, quite a lot of the times they're early". Another person told us, "I am very satisfied. There are difficulties with staff, some people ring in sick but they never fail to send someone to me. They're very good, if they're late they apologise. They've not missed any calls but have been late sometimes; they're usually on the minute. I can understand them being late, once one of them said that they had to call an ambulance for the person before me."

People told us that they would feel comfortable ringing the manager of the service if they had any concerns or complaints. People also told us that they felt listened to. One person told us, "I've got a phone number and I know who to contact if I have a concern, I'd soon tell them if I wasn't satisfied... I have a list of other agencies and I would soon change if I wasn't satisfied".

Staff told us that complaints are dealt with appropriately by the service. One staff member told us, "Service users and their family have the number of the office so they can complain, it's in the book. I say to people, if you've got a complaint, then this is your home".

Our records showed that there had been a complaint against the service about one person's concern about

the care delivered to their relative. The service had arranged a meeting with the person to try to resolve the complaint. The manager told us that this complaint was ongoing. The local authority safeguarding team told us that the issue was longstanding but that the service had acted appropriately to try to resolve the situation.

We looked at the complaints log and all the complaints that we saw had been taken seriously and appropriate action had been taken. The responses were supportive when needed and fair.

Is the service well-led?

Our findings

People told us that they would call the office if they had concerns. People told us that they were able to contact the co-ordination team at the office if they needed to change appointments and that these requests were responded to positively. Staff from the office were prepared to work as care staff when needed. This showed us that the service worked well in partnership with people and was adaptable to their needs and preferences.

Staff told us that the service was very supportive and if they needed to speak to the manager they could. They told us that the manager had an open door policy. They also told us that they knew that they could contact external agencies such as the Care Quality Commission if they didn't feel listened to or had serious concerns about the conduct of senior staff.

We saw that senior staff checked medicines administration records to ensure that they had been correctly completed and reflected that people had safely received their medicines as directed by their doctors. This enabled management to monitor the quality of the service and identify any staff training needs.

There was a registered manager in post who oversaw the two services owned by the provider. Progress House had a manager in post who oversaw day to day organisation of this branch. They had a good overview of the service and were able to explain the various functions of it including the out of hours monitoring, training needs and day to day organisation of the service.

People told us that if they had any suggestions for improving the service then they could tell the care staff or phone the office. They told us that they had a good relationship with the manager who they found was very approachable. We saw that staff received annual performance development reviews to enable them and management to discuss their progress and identify areas for further improvement over the next year. A spreadsheet was employed to monitor when staff refresher training was due and where staff had missed training. This combined with the twice yearly spot checks of staff practice showed us that the service had a good overview of the training needs of the service.

We were told about the records kept of contacts to the on call staff during out of office hours. These records were then transferred to an electronic record and onto people's care records so that the service maintained an accurate assessment of people's needs. Staff read the records so that they were able to maintain an accurate picture of people's needs.