One Community Eastleigh

One Community

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 1 and 12 July 2016 and was unannounced.

One Community offers a range of services to the local authority but the part of the service which is regulated and inspected is known as the Care and Respite Service, or the Take a Break service. The service supports people, who may be older, disabled, have physical or mental health needs and who live with other people who care for them, known as "carers." A "sitting" service enables carers to have a break for a few hours, on a weekly, fortnightly or monthly basis. The main role of staff is to be with people who would be vulnerable if left alone, to ensure they are safe. Whilst spending time with people, they engage in conversation or activities, if the person wishes. Additionally, people sometimes require support with personal care, such as going to the bathroom. The service does not offer personal care as a stand-alone service. At the time of our inspection the service was provided to 29 people, but not all of these would have needed support with personal care.

The provider had a recruitment procedure which ensured relevant checks were completed before new staff started work. Staff and trustees had completed training with regard to safeguarding adults and staff described different types of abuse and what they would do if they suspected or witnessed anything of concern. People had risk assessments in place which identified potential risks and action to be taken to minimise the risks, for example, using equipment to support people moving from a chair to a bed. The service did not routinely support people with their medicines due to the short amount of time staff spent with people but staff had received training in medicines awareness and could prompt people to take their medicines if this formed part of the care plan.

Staff had received training in the Mental Capacity Act and talked about giving people choices in what they ate and drank, or whether they went out. Everyone had their needs assessed before they were offered a service, to ensure staff could meet their needs. The care co-ordinator visited people at home to complete the assessment so they could see them in their home environment. People and their family members received a service which was responsive to their needs.

The service had a registered manager, however, they had recently left the company and had applied to the commission to cancel their registration. 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. The provider advised us they were due to start the process of interviewing for the role. The provider did not return a Provider Information Return and we took this into account when we made the judgements in this report.

Staff were supported in their role through training which was useful and relevant as well as supervision. The provider ensured they kept up to date with best practice, which was then delivered to staff through training.

Due to the nature of the service, staff did not usually cook meals or provide meals for people as they lived with people who supported them to eat and drink enough, but did sometimes make a cup of tea or provide a meal the carer had prepared. People did not routinely need support from staff regarding their health care but staff were aware of people's needs.

People benefitted from positive caring relationships with staff who spent time with them. Staff were not employed to undertake personal care but sometimes people needed support as part of the sitting service. Staff knew how to respect people's privacy and dignity in this regard.

The provider had a complaints procedure in place which was given to people when the service started to support them.

The service promoted a positive culture which was open and inclusive. Feedback was sought from people and their carers and the provider sent staff a quality assurance survey every two years.

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.

The provider had a recruitment procedure in place which ensured new staff were safe to support people in their own homes.

Risk assessments were in place but did not always identify every risk.

Staff were trained to support people with their medicines if necessary but people's needs were not up to date in their care plans.

People's needs were met by adequate staffing levels.

Is the service effective?

Good

The service was effective.

People were asked what they wanted to eat and drink, or what activities they would like to do with the staff member who was sitting with them.

People were supported by staff who were trained and whose quality of work was monitored through supervision and appraisal.

Staff supported people with eating and drinking when necessary.

Is the service caring?

Good

The service was caring.

People benefitted from positive caring relationships with staff who spent time with them.

People and their carers were involved in making decisions about

how staff could support them.

Staff were aware of the importance of respecting people's privacy and dignity if they supported them with personal care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and people were supported by staff who knew them well.

There was a complaints procedure in place which people felt able to use.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not complete a Provider Information Return which we requested from them.

The service promoted a positive culture which was open and inclusive.

The provider monitored the quality of the service provided through seeking and acting on the views of staff.

One Community

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 1 and 12 July 2016.

The inspection was carried out by two Inspectors. Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service has to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with one person and a member of their family, who was their day to day carer. We also spoke with another person's relative/carer, four members of staff and the provider. We also sought information from two health and social care professionals. We looked at four care plans and associated records, three staff recruitment files and other records, such as questionnaires.

We last inspected this service on 2 January 2014 and found the service was compliant with the outcomes we looked at.

Good

Is the service safe?

Our findings

Staff from One Community provide short term respite to allow family members, who are full time carers to have a break for a few hours, on a weekly, fortnightly or monthly basis. People's family members felt their relatives were safe with the staff who visited them. One family member said "I don't worry" when they left them with the staff member. Another family member said their relative "gets on fine with [the staff member], it is normally the one lady, if he nods off, he's fine, it means he is happy to nod off [and therefore feels safe]."

The provider sought references and Disclosure and Barring Service (DBS) checks before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff and trustees had completed training with regard to safeguarding adults. Staff described different types of abuse and what they would do if they suspected or witnessed anything of concern. The provider had not made any safeguarding referrals but was aware of the process to follow if necessary. They said "We have a clear policy, which we reviewed this year, we have a dedicated trustee, who is responsible for safeguarding." The provider had undertaken an audit across the organisation to ensure everyone was aware that safeguarding was everyone's responsibility. If a safeguarding alert was raised the provider and relevant trustee would be made aware. Comments from staff about safeguarding included, "Safeguarding training is very up to date, informative and helpful" and staff concerns would be "taken seriously".

People had risk assessments in place, which identified potential risks and action to be taken to minimise the risks, for example, using equipment to support people moving from a chair to a bed. However, we noted from one person's file that they had a pond in their garden but this was not identified as a risk and this was pointed out to the provider who agreed this was a risk to the person. Risk assessments were reviewed and updated regularly. Staff told us they found the risk assessments useful and read them regularly to ensure they were aware of any changes. One staff member also said how they ensured people were safe when they went out. They said "I know their medical conditions, I have the next of kin phone numbers" [in case they needed to contact them in an emergency].

Records did not always provide sufficient information to allow staff to understand how to safely support people with their medicines. The service did not routinely support people with their medicines due to the short amount of time staff spent with people but staff had received training in medicines awareness and could prompt people to take their medicines if this formed part of the care plan. However, we saw one person's assessment showed they did not need support with medicines but records of the staff visits indicated they had been given pain relief fairly frequently. Staff said they could give pain relief and would usually telephone the carers to check this would be safe. Therefore the assessment should identify the need for support with pain relief and when this should be offered.

The provider ensured there was enough staff to support people by accepting new referrals when they knew they had enough staff time available. When staff were on holiday or unwell, an alternative member of staff could cover the calls, if people wished that. One staff member said "Some people want the same 'sitter' so

they wait if we are on holiday until we are back. We can cover and 'sits' are covered if people are happy to have someone else." When matching staff to new referrals, the provider ensured staff had the correct training and looked at the person's preferences with regard to what activities they may like to do with staff. This was reviewed regularly as the provider knew that people's interests and abilities change over time.

Good

Is the service effective?

Our findings

Staff had received training in the Mental Capacity Act and talked about giving people choices in what they ate and drank, or whether they went out. The Mental Capacity Act 2005 provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. The service was provided to support people to enable their carers to have a break from the person they cared for. One staff member said they encouraged people to be as independent as possible, for example, "If they had money in a purse, I would encourage them to get their money to pay for their own drink [whilst out on an activity, rather than doing it for them]."

Staff received one to one supervision sessions every six months, which included an annual appraisal of their work. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Some staff worked across the services provided by One Community and therefore worked a few hours a week. They said they said this level of supervision met their needs and they felt supported. Staff said "[The management's] door is always open, [the provider] is approachable", "[Supervision] is offered to us, if we were not happy with a sit, [senior staff] would come to discuss [with us]" and "I would feel able to come into the office."

People were supported by staff who received appropriate training. One family member thought the staff member who visited them was well trained and said "I can't fault her." Comments from staff included, "We are not short of training", "They are on top of" and "They are bang up to date with training." New staff completed a period of induction training relevant to One Community. The provider told us they usually employed staff who had worked in care before and were therefore experienced. One staff member told us they did not visit people until they had completed the induction checklist, which included reading the handbook, learning about reading the care plan and risk assessments and completing records. Training included topics, such as moving and positioning, health and safety, infection control, first aid and dementia awareness. One staff member said, "I'm passionate about care, I want to know about it, that's why I go to training."

Some people were living with dementia. The service had a nominated staff member as the "Dementia Champion". Their role was to take the lead on dementia and with the support of the senior management team, to ensure that where practical, One Community worked towards being a dementia aware organisation. One staff member told us "The whole organisation is dementia aware" and recognised that people's spouses did not always have an understanding of dementia. They said "I refer them to [a mental health charity] and we have meetings for carers to support them."

The provider ensured they kept up to date with best practice. They received trade press magazines and belonged to two national organisations, which were set up to support voluntary services. Where new ideas were generated from this membership, they were drafted into the training programme.

Due to the nature of the service, staff did not usually cook meals or provide meals for people as they lived

with family members who supported them to eat and drink enough. One staff member said "generally, the next of kin will have left something or leave instructions. I always ask what they want. I encourage fluids, unless they are restricted [for health reasons]." Staff confirmed they would ask the person if they would like to eat the food that had been left and if they wanted something else, they would provide it for them, in line with their care plan and any identified risks. Staff also offered people a choice of drinks.

People did not routinely need support from staff regarding their health care but staff were aware of people's needs. One staff member said they emptied a catheter bag for one person and knew when to refer any concerns about this aspect of the person's care. Staff confirmed if there was a medical emergency they would telephone the office or healthcare professionals as necessary.

Good

Is the service caring?

Our findings

People benefitted from positive caring relationships with staff because the same staff members usually visited them and they spent time engaged in activities or talking. One person described the staff member as "Lovely" and that "We have a laugh and a cry, gorgeous she is. We have formed a good friendship over a number of years." A staff member said they formed relationships with people by getting "to know them, do what they need and what makes them happy."

A staff member explained how the service was for the family carers as well as the person they spent time with. They said "If people or their relatives ask for advice, I get them extra support if possible, or refer them to the right place." They also gave a further example of how they had been asked for help to send an email, which they felt was acceptable, but they would not get involved with a transaction, such as a bank transfer as they felt that would be inappropriate. They said they knew the "boundaries" when supporting people and their carers.

People and their families were involved in making decisions about how staff could support them. The service was provided primarily to meet the needs of the family carers by providing a safe opportunity for their families to have a short break from supporting them. However, people made decisions about what they would like to do during the visit. People chose whether they wanted to sit and chat, or not, or go out to undertake an activity or pursue an interest.

One Community provided a "sitting service" but sometimes people needed support with their personal care whilst the "sitter" was with them. Staff knew how to respect people's privacy and dignity in this regard. One staff member gave an example when she supported somebody to go to the bathroom and said "I locked the [bathroom] door as they were expecting a visitor, I try to think one step ahead."

Good

Is the service responsive?

Our findings

Everyone had their needs assessed before they were offered a service, to ensure staff could meet their needs. The care co-ordinator visited people at home to complete the assessment so they could see them in their home environment. Where staff identified any changing needs, they contacted the office so the assessments could be updated.

People's needs were known by staff who sat with them regularly. Staff provided a sitting service which enabled family members to take a break for a few hours and any personal care was provided irregularly and on an ad-hoc basis. The assessment was used as a care plan, which meant there was limited detailed information regarding how to support some people's personal care needs. People's care needs were written as, for example, "Sitter to empty catheter" without detailed information to show staff how they needed to support the person. However, we received positive feedback from people and records of visits showed that support had been provided which was centred on their needs. Staff told us "I feel we are as responsive as we can be" and "The service gives people what they want."

People and their carers received a service which was responsive to their needs. Comments from family members included "They chat to [my relative], supervise him, making a cup of tea. [Staff] know how to support him with moving" and "The [staff member] asks if there is anything she can help me with. I feel a lot easier when I go out. She has offered to take [my relative] out." They also said "If [the service] send somebody else [to cover holidays], they send someone who has been before." The provider told us that if people had a set day and time for a staff member to visit, then they could guarantee a specific staff member for most visits. However, if the person or their family carer needed different times or requested support at short notice then a team of three to four staff would be assigned to support them. Staff and records confirmed this was the case and staff also said visits could be arranged at short notice, such as the next day.

The provider had a complaints procedure in place, which was given to people when the service started to support them. People told us they would feel able to complain and a staff member said "People can complain. There is a file in their home, [the complaints procedure] is there." The service had not recorded a complaint since 2009.

The provider monitored the quality of the service provided. A survey was sent to people and their families each year to seek feedback about various aspects of the service. People were asked their views on their overall level of happiness with the service, the responsiveness of office staff, whether the care plan had been updated, whether they received a review of the care plan, whether they had complained and if they were happy with the outcome as well as an opportunity to suggest any areas for improvement. The most recent quality assurance survey had been completed by twenty people and/or their families. The results were positive and comments included "The 'Take a Break' service has made a huge difference to us" and "Life would be difficult without the service".

Requires Improvement

Is the service well-led?

Our findings

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. The said they did not recall receiving the request.

The service had a registered manager, however, they had recently left the company and had applied to the commission to cancel their registration. 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. The provider informed us that they were in the process of recruiting a new registered manager and interviews had been booked.

The service promoted a positive culture, which was open and inclusive. Comments from staff included, "I am a big fan of One Community, they are absolutely brilliant, I would have no hesitation in talking to any of the management team. One Community is supportive, I have never worked for another company like it", "I feel it is a positive company, welcoming, they can't do enough to help people. The provider is extremely approachable and the registered manager was" and "I can't say enough about the place, I love everything here, I sing its praises. Everyone is definately approachable." One staff member told us the provider was "very pro new ideas, keeps up with the times, very modern, welcomes new ideas and their door is always open."

The provider sent staff a quality assurance survey every two years. The survey asked staff for feedback regarding a range of aspects of their job and the service including: teamwork, their manager, their job role, their professional development, how the felt about One Community and the staff forum. Overall, feedback from staff was positive but one area for improvement focussed on communication. The provider said the information from surveys was collated and sent to the senior management team, this was then fed back to managers with an action plan attached. The provider had taken action to improve communication throughout the service. They had improved the format of the newsletter, which was sent to staff as well as making changes to the staff meetings. The regularity of "What's going on" meetings had been increased from quarterly to every other month and at least one team member from every team would attend. The provider said that better notes were now taken now so that staff who could not attend could see what was discussed. In addition to increasing the number of meetings, the provider changed the day of the meeting each time, so all staff would have the opportunity to attend around their work commitments.