

One To One Home Care Agency Limited

One to One Homecare Limited - Head Office

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

One to One Homecare Limited – Head Office provides personal care and support to people living in their own homes. When we inspected on 26 October 2016 there were 126 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was 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 we spoke with and their relatives were complimentary about the care provided. They told us they received safe and effective care by care workers who were kind and compassionate.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Care workers had developed positive relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and used to improve the service.

There was an open and inclusive culture within the service. Staff spoke warmly of the management team including the directors of the agency and told us they felt supported in their roles. Office staff and care workers understood their roles and responsibilities in providing safe and good quality care to people. An effective quality assurance system was in place and as a result the service continued to develop.

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 were protected from harm. Care workers received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

There were sufficient numbers of skilled and experienced care workers to meet the needs of people who used the service.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Care workers knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People and their relatives were complimentary about the effective relationships that they had with the management and their care workers.

People and their relatives were involved in making decisions about their care and these decisions were respected.

Is the service responsive?

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

Good ●

Is the service well-led?

The service was well led.

There was an open culture at the service. People and the staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

Good ●

One to One Homecare Limited - Head Office

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 was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival. We visited the office on 26 October 2016 and with their permission met with three people and one person's relative in their own homes. We also carried out telephone interviews with people who used the service and their relatives. The visit to the agency office and to people's homes was carried out by one inspector, with four inspectors involved in the telephone interviews afterwards.

Before the inspection, the provider completed 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with fifteen people who used the service, and six people's relatives. We spoke with the registered manager, senior coordinator and six care and office staff. In addition we received comments about the service provided from two community professionals.

To help us assess how people's care needs were being met, we reviewed eight people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for

monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with said that they felt safe and comfortable with the care workers coming into their home and were satisfied with care they were being provided with. One person said, "I always feel safe; they [care workers] are very decent people and I trust them implicitly. They look after me well." Another person said, "I am well protected; never felt anything other than 100% safe. Always checking the place is safe and clutter free so I am not likely to fall over. They [care workers] keep [pointed to their nearby surroundings] clear for me so I can shuffle around when I am on my own. They know I like to move about." A third person commented, "I do feel safe with the carers [care workers]; they are lovely. We have got settled into a routine." One person's relative told us about their experience, "[Person] is very safe with their carers [care workers]. Have a really good relationship with the carers [care workers]. It is important we all work as a team to keep [person] safe, well and happy. I can't fault the carers they are on the ball and very aware of risks to [person] and if they are worried about anything they let me know straightaway."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "Yes, all my carers [care workers] wear their uniforms when they come; they look right smart. They have their gloves and aprons at the ready [correct equipment to minimise the risks of cross infection]. They will call out to let me know they are here and lock up when they go." Another person commented that care workers when coming into their home, "Do introduce themselves."

Systems were in place to reduce the risk of harm and potential abuse. Care workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures [reporting concerns of poor practice] and their responsibilities to ensure that people were protected from abuse. Care workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their

representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care.

There were sufficient numbers of care workers to meet the needs of people. People and their relatives told us that their care workers usually visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed and that they were usually provided with regular care workers which ensured consistency of care. One person said about the care workers, "I have my regular carers [care workers] that come. They usually cover one another so it works really well. I haven't had anyone turn up I wasn't expecting." Another person told us their care workers were, "Always on time. If something has happened and they are going to be late, then [name of the office coordinator] always rings me to tell me. They have never missed a visit. They [agency] are well run and I have no concerns." A relative described how the management team tried wherever possible to ensure people received a consistent service from a care worker team who were known to them. They said, "We have three to four people who regularly come and know [person] well. They will cover one another which helps with continuity and maintaining the status quo. [Person] can get unsettled with too much change but they [management team] know this and try to minimise any disruption. Appreciate that. Any changes which doesn't happen often but say in an emergency which is to be expected from time to time then someone from the office will ring and let us know what's happening."

Staffing levels were based on the assessed needs of people and the length of time needed to meet those needs. The rota was completed to ensure that all scheduled visits to people were covered. The majority of people and relatives told us they received the rota in advance. One person said, "I know who to expect and the office call me when there are any changes. Doesn't happen often so we are settled." Another person said, "I am kept up to date and I am given a rota for the following week on a Sunday when the carer visits. They [office staff] always manage to cover the visits. In three years there has only been one occasion when they couldn't provide support."

People were protected by the provider's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Care workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. The majority of people self-administered their own medicines. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed or if they needed further support.

Those who required support told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "If I need any help with [topical] cream they [care workers] do that. They all know my routine." Another person said, "They [care workers] remind to take my pills and get me a glass of water so I can take them."

Care workers were provided with medicines training. Regular medicines audits and competency checks on care workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

However systems in place to record people's medicines were not robust. The medicines administration record (MAR) only stated 'contents of blister pack given'. There was no reference to or record of what medicines were in the 'blister pack' to provide guidance to care workers. We discussed this with the registered manager and they took immediate action to actively work with the local pharmacies to improve

the systems for recording medicines in line with best practice. Following our inspection we received confirmation that the registered manager had implemented a corresponding record to show what medicines had been prescribed and were being administered to each person. The registered manager's quick response provided assurances that the service's medicines procedures and processes were safe.

Is the service effective?

Our findings

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "My carers [care workers] are well trained and know what they are doing." Another person described how having been in the health care industry they recognised that, "The carers have been trained to a good standard and know what is required; more than capable." Three people told us how care workers were routinely observed to ensure they were skilled and competent in their role and this made them feel assured that safe practice was followed. One person told us, "Someone from the office came and shadowed a couple of them a couple of times. A manager I think. They send someone around yearly to do a review of my care and someone comes once a year to observe the carers. They [care workers] are very well trained and they seem happy." The second person said, "They [management] always come out and do that [observational supervision]. They've just been. Staff are very well trained and certainly able to care for my needs. They all are. Even the new ones." The third person commented, "When a new person starts they [management team] check if I mind them working with [names of experienced care workers]. I don't mind and have asked to keep one or two that I have clicked with so its win win."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. This meant that care workers were provided with current training on how to meet people's needs in a safe and effective manner. In addition there were further courses designed to provide care workers with information about people's specific needs and how to support them. This included training in dementia, peg feeding and equality and diversity and person centred practice. Some care workers told us to improve their knowledge and confidence; they would like more training in dementia as well as mental health and diabetes. We fed this back to the registered manager who shared with us their training plan which identified these areas for further development in the upcoming new year.

A new member of staff told us that part of their induction was to shadow more experienced colleagues. They said that this, "Had been useful as I am new to community care (providing care in people's own homes). It gave me the opportunity to meet and get to know people first, see how they were cared for; liked things done. Does away with some of the barriers people can understandably put up. They see you and get used to you; makes them more comfortable." Care workers told us that the training they were provided with gave them the skills they needed to meet people's needs effectively. They said that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "They [care workers] always ask me what I need and get my go ahead first." Another person told us, "They only do what I ask them to do." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers listened and acted on people's decisions. Care workers and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office.

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. One relative told us how care workers had been concerned because one person had, "Gone off their food suddenly," and was repeatedly refusing to eat any meals despite them trying different food options. They said the care workers had respected the person's choice about not eating but asked the person if they could telephone the doctor as they were, "Concerned that there might be something else wrong. They arranged for the doctor to come out and rang me to let me know. I was impressed with their actions as it turned out to be a viral infection and [person] needed antibiotics." This showed that the care workers had recognised when the person needed support from health professionals regarding their nutritional needs and had taken appropriate action whilst seeking the person's consent before doing so.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person commented, "They [care workers] get me a snack if I need one and make me a cup of tea. Exactly how I like it. Milk and two sugars. They all know." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person told us, "They [care workers] do worry if I'm ill. They do help with physios and that if I need them." One person's relative commented, "The carers [care workers] are quick to spot any changes in [person's] health or wellbeing and act straight away if they are concerned. They are like extended family. We all want to make sure we give [person] the best care available."

Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

People we spoke with told us that their care workers were caring and always treated them with respect and kindness. One person said, "One to One Homecare are excellent. They [care workers] are exceptional and I am not talking about one or two of them, all of them. There is not one that I take umbrage with. They are very professional in what they do." Another person commented, "[Name of care worker] is wonderful I can have a laugh and a joke with them and they put me at ease. I do so enjoy them coming." A third person described their positive experience of the care worker's approach, "I am very very pleased with the people [care workers] I have. They are very good and I can't fault them at all."

People shared with us that they felt they had developed good relationships with their care workers. One person said, "We have a good laugh. If I'm down in the dumps they [care workers] know how to cheer me up." Another person told us, "We do sit and have a yap. It's nice to sit and speak to someone other than your family sometimes." A third person said, "This is my home I won't stand for any nonsense. Not that they [care workers] are like that. They are polite, respectful and thoughtful."

Feedback from relatives was complimentary about the approach of the care workers. One relative commented about their experience of the service, having themselves used it and recommended it to their relative. They said the care workers were, "Completely professional and incredibly kind and attentive. They are approachable, considerate and always spend time having a word with my [relative]."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated. One person's relative said, "They [management team] always send a female [care worker] which is my [relative's] preference. I have told them not to send a male [care worker]."

People were supported to express their views and were involved in the care and support they were provided with. One person said, "They [care workers] listen to me. The care is very good. I have nothing to complain about." Another person told us they were very involved in their care plan and said, "They [care workers] ask me [questions] and they write it all down." A third person said, "I am involved in my care plan; they [management] listened to what I wanted and made it happen. I wanted a later evening call and that was sorted out. I have reviews roughly twice a year with someone from the office. Any changes I ring up and let them know." Records showed that people and, where appropriate, their relatives and/or representatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. One person who had been with the service a long time said, "Been with them ages and have no concerns. They [management team] come round once a year to check if I am OK with everything."

People's independence and privacy was promoted and respected. One person describing how the care

workers encouraged their independence said, "They always say you can do that for yourself." People shared examples with us about how they felt that their privacy was respected. This included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. One person talking about their experience of receiving care said the care workers, "Were excellent no matter what I wanted. There was no fear or embarrassment; they put me completely at ease in what could be an awkward situation. They absolutely respected my privacy and dignity." We saw that people's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said that when they were being supported with their personal care needs, the care workers were, "Very good at making me comfortable and putting at ease. We have a laugh; somehow it makes things easier; less awkward. My carers [care workers] can tell when I am having a bad day and need that extra help. They do it without making a fuss or making me feel silly and useless." Another person commented, "They [care workers] do everything that I need." A relative commented, "[Person] is treated with the utmost respect and kindness, never seen them rushed or leaving with things still left to do. The [care workers] stay the whole time and are very thorough."

People's records included care plans which guided staff in the care and support they required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so care workers were aware of how to support them. For example, one person's care records explained the order that they preferred to be mobilised and details of the equipment required to safely transfer the person. One person told us, "I have a folder [care plan] which they [care workers] are always writing things in about my care. Sometimes my [relative] will have a look at it and make sure it is all in order." A care worker said, "The care plans are helpful to know what you need to do each visit but I always check with the person first just to make sure nothing has changed especially if I hadn't been to them for a while."

People told us that they knew how to make a complaint and that concerns were listened to and addressed. They were provided with information about how they could raise complaints in information left in their homes. One person said, "If I am not happy, they [management team] have changed who provides the support so they listen to my point of view." Another person told us, "Whenever I call the office they are always polite and things are resolved quickly and reasonably." Another person described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I wasn't over keen on one person [care worker] who came. I didn't like their manner; too bossy. I wasn't going to make a fuss but when I spoke to [management team during a review] it came up. They [management] were really good and changed things. Told me not to worry it wasn't a problem. Next time just ring up if ever I need to have a word or wanted to change something."

There had been numerous compliments received about the service within the last 12 months. Themes included 'kind and caring staff approach' and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as when the service was providing support to people following a hospital discharge, respite care and when nearing the end of their life.

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with actions taken to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. One person shared with us a time they had raised concerns with the service and it had been dealt with quickly they said,

"Any concerns I report it. They [management team] sort it out." Another person commented, "I get asked for feedback regularly and I have no faults or qualms. I am very appreciative and very happy." The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a care worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

Is the service well-led?

Our findings

Feedback about the leadership arrangements in the agency were complimentary. One person said, "No worries at all. If you do you can speak with them [Office staff and management] and it will get fixed." Another person told us, "Any worries then I ring the office and it gets sorted. They are very good." One person's relative said, "They [management team] are very approachable and adaptable. I have no concerns. Communication is very good; we are kept up to date with what is going on. I would definitely recommend this service." Another person told us, "The office ring me occasionally to check everything is as it should be. Another person commented, "Someone from the office will ring me up or pop round and check I am happy with the care."

However three people told us of times when there had been a breakdown in communication and they had not been notified of changes to their usual routine. One person commented, "When they [regular care team] are off they [replacement care workers] don't let me know they were going to be late. They used to but they don't now. Like today they were half an hour off. It's usually only half an hour, forty minutes [delay time]. We fed back to the registered manager about the communication inconsistencies and were assured by their response that they would look into the current communication processes.

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said about the care workers, "I have no concerns. I am very very pleased with my carers."

The service had an open and supportive culture. The management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them. One care worker said, "I love my job; the variety, no two days are the same. There is a great team of people here. We work hard and all support one another."

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas. For example, care workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that employee feedback was encouraged, acted on and used to improve the service. For example, care workers contributed their views about issues affecting people's daily lives. This included how they supported people with personal care and how to support them to be more independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The management of the service worked hard to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider's quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.

The service worked in partnership with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "One to One Home care make appropriate referrals if they have any concerns and follow any instructions given."