

# Just One Recruitment and Training Limited

## 12 Tipton Way

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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 the 4, 11 and 17 July 2017; the first two days were unannounced. 12 Tapton Way is a supported living agency that provides care and support to people in their own homes. The registered provider is Just One Recruitment and Training Limited. Their office is based in Wavertree, Liverpool. At the time of this inspection they were supporting 44 people. The support ranged from a few hours a day to 24-hour support. 28 people lived across Merseyside and 16 people lived in their own apartments in a complex called Oakfield.

The agency does not have a registered manager. 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 in the Health and Social Care Act 2008 and associated regulations about how the service is run. There is a manager in post who has not yet applied to become registered with the CQC. At the time of our inspection the manager was on leave, so another senior staff member was acting manager in their absence.

At the last inspection in September 2015, the service was rated overall as Requires Improvement. We found breaches of Regulation 11, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked to see whether improvements had been made. At the last inspection there was a breach of Regulation 17, as the provider had not ensured that accurate and up to date records had been maintained. During this inspection we saw that records were up to date and accurate. However the providers systems for assessing, monitoring and improving the service had not been effective in highlighting and acting on issues.

Therefore during this inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because we saw that the monitoring of people's medication administration, staff training and the organisations response to incidents had not ensured that these areas had consistently remained safe and effective.

You can see what action we told the provider to take at the back of the full version of this report.

At our previous inspection in September 2015 we saw that people did not always receive their care as planned. This included staff not arriving on time or insufficient staff arriving to meet people's needs. During this inspection people's relatives told us that the service was reliable. We saw that new systems for organising rotas had been introduced and teams organised around individuals who received the service. One relative told us, "[Name] has a stable staff team and one hundred percent knows the person who knocks on their door."

Previously we found that the service was not able to demonstrate that they could support a person safely

within the law who did not have capacity to make their own decisions. Also staff did not receive training in the Mental Capacity Act 2005 (MCA). At this inspection we saw that staff had received training on the Mental Capacity Act. Supporting people in line with the principles of the MCA had improved and the practice was to assess a person's capacity if they felt there was a valid reason to do so. We saw evidence of people giving consent to their care and if appropriate best interest meetings had been arranged. We did make recommendations that some people's care plans were reviewed as they contained confusing information about people's capacity.

During our previous inspection we found that systems and processes were not always operated effectively to prevent abuse of service users. At this inspection we found that policies on safeguarding vulnerable adults were available and they gave guidance to staff on how to keep people safe from avoidable harm. We also saw that staff had identification available for people to check if necessary.

Previously we had found that people's care plans did not contain accurate information. During this inspection we found that care plans were person centred, reflected people's preferences, interests and lifestyle choices. The care plans had sections entitled; 'Things that make me happy', 'What makes me annoyed', 'My favourite things are', 'What are the things you must know to support me', relationships important to the person, what activities the person likes to do and events they like to attend along with details of special events and milestones. The care planning documents that we looked at showed evidence that people had been listened to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The recording of the administration of medication and medication stocks needed improving.

There was a record of accidents and incidents. The senior staff had not always taken steps to mitigate the risk to the health, safety and welfare of service users and others who may be at risk.

Risk assessments were in place. However they had not consistently shown how the risk could be reduced.

We saw and people's relatives told us that the service people received was reliable. People received support from staff that were familiar to them.

New staff had been recruited and safely through a very robust recruitment process.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff had completed the training identified to meet people's needs.

New staff received appropriate training, induction and shadow time with an experienced member of staff and ongoing support.

We saw that people were supported to maximise control and choice in their daily living.

People were well supported with their health needs.

### Is the service caring?

**Good** ●

The service was caring.

People told us the staff were caring towards them. It was clear that staff had positive relationships with people and their

relatives.

We saw that staff put in extra effort to support people to achieve outcomes and goals that were important to them.

People's dignity and privacy was treated as important and protected.

People were consulted with and listened to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had benefitted from person centred care planning that was responsive to their needs and wishes.

People had been supported to be active members of their communities, to maintain relationships and friendships and to explore opportunities to make new connections.

We saw that complaints had been recorded, investigated and responded to.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

There is a manager in post who is not yet registered with the CQC.

There have been improvements in the service since our last inspection. People's relatives and staff members told us that the agency had improved.

The monitoring of some areas of people's support had not ensured that these areas had consistently remained safe and effective.

The agency had created the new role of quality lead to ensure ongoing improvements.

There was an open and positive culture within the organisation. Staff told us that they enjoyed their roles and people achieving positive outcomes was a focus of the agency.

# 12 Tapton Way

## **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 4, 11 and 17 July 2017; the first two days were unannounced. The inspection was conducted by an adult social care inspector.

Before our inspection we reviewed the information we held about the service, this included their previous report and action plans for improvements that had been submitted to the CQC. We also reviewed the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted one local authority's quality assurance team to gain their views on the agency's performance. .

During the inspection we spoke with the agency's development manager, responsible individual, acting manager, the agency's quality lead, a team leader, a care coordinator and six support staff.

We visited eight people who use the service, two people's family members and spoke with two visitors. We looked at the care files of eight people receiving support from the service, five staff recruitment files, staff supervision and training records and other documents relating to the running and quality monitoring of the service.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe with the support they received. One person told us, "I feel safe here. I have a call bell and the staff are quick to answer." Another person said, "I like the staff, the staff are nice to me." One person's relative told us about the staff and said, "I feel confident in them." Another family member told us, "I have confidence because of the relationship they have, they have banter and [name] laughs a lot."

At our previous inspection in September 2015 we saw that medication records did not provide staff with up-to-date guidance to follow. On this inspection we checked the guidance for staff on eight people's medication and the medication administration and recording for two people. We saw that there was appropriate guidance in people's medication support plans. This gave staff the name of the medication people took, the reason why, the dose, time, allergies and any possible side effects for staff to be aware of. We saw that 'as and when required' medication (PRN) needed the second opinion of a senior member of staff before being administered. This helped to ensure this medication was used appropriately.

The recording of the administration of medication and medicated creams needed improving. We saw on the medication administration records (MAR) that the codes listed for identifying when a person did not receive a medication; such as refusal or not required, were not being used. On one person's MAR there were eight blanks for a medicated cream over the previous four weeks. The codes to identify the reasons for this were not used, so it was impossible to know if the medicated cream had been applied or was not required.

Medication that was not blister packed was not being counted and stocks recorded. Therefore, it was impossible to know if the stocks held were correct. We saw that on the previous evening one medication had not been signed for and the record was blank. It was impossible to say if the medication had been given or not and we were unable to work this out due to the lack of accurate stock recording.

There was a medication check log that was signed by members of staff every morning and evening during shift changeover. This was designed to ensure that any administration or recording mistakes were spotted quickly as staff members checked each other's work. This system was not working, as the member of staff who had signed off the check had not identified the problem from the previous evening.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the practice of not recording medication stocks had not been identified and addressed as part of the organisations monitoring of quality.

The agency kept a record of accidents and incidents. We looked at some of these records and saw that on one team there was a pattern of physical incidents against members of staff. The team had documented 23 physical incidents between January and May 2017. These had been reviewed by the team leader and some comments made. In April new guidelines were put in place for staff to stop supporting a person for 10 minutes if they were agitated. However we could not see how the information gathered in the incident reports, from the care staff and the person's care plan had been used to inform the guidelines, in order to

improve the person's support.

We were told by the acting manager that incidents were an agenda item in the monthly managers' meeting. We looked at the meeting minutes from January to June 2017 and did not find any reference to the management of these incidents. In the minutes from January it had been identified that breakaway training was needed for some staff to provide safe support. This had not been implemented.

We looked at the supervision notes for these staff and saw that the incidents had not been explored with members of staff during these meetings. One member of staff said there were no issues despite having reported five incidents the month before. The incidents had not been explored with the staff member.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the agency had not taken adequate steps to assess, monitor and mitigate the risk to the health, safety and welfare of service users and others who may be at risk.

At our previous inspection in September 2015 we saw that people did not always receive their care as planned. This included staff not arriving on time or insufficient staff arriving to meet people's needs. Senior staff that we spoke with were aware that the agency needed to improve the service they provided.

During this inspection we saw that improvements had been made. We spoke with one team leader who showed us the system they used to ensure that enough staff were available and the service provided was reliable. They told us that previously the system ran based upon hours of support but now allocated staff members into smaller teams based around people. There had been changes to the structure of the organisation and the team leaders regularly spoke with their staff teams and if appropriate, communicated with people's relatives. This helped to ensure continuity and reliability of staff. Some people had fixed support hours each week agreed with them and their social worker. Other people's times of support changed each month to meet their needs. The office issued a copy of the monthly rota to people two weeks before the start of the month. People's family members told us that it was beneficial to know who was coming to support their relative.

People's relatives told us that the service they received was reliable. One relative told us, "[Name] has a stable staff team and one hundred percent knows the person who knocks on their door." Another relative said, "Continuity is important and we have familiar carers."

In Oakfield the registered provider told us that they had rearranged the budget of hours to increase the number of staff available in the morning. One member of staff told us that during certain times of the day they felt "vulnerable" because of the number of people who required support from two members of staff, and only three staff being on duty for ten hours a day and two overnight. Another told us that they, "Have to prioritise" and other people were asked to wait. The team leader told us that staff time was still under pressure in this area and they were looking at this with the local authority, who commissioned the support.

The agency ran an on-call service which was staffed by a senior member of staff 24 hours. They help to arrange suitable staff cover in emergencies and confirmed night staff and any shift swaps between staff to ensure reliability. These had previously been identified as two weak points in the reliability of the rota system. At the time of our inspection the agency was recruiting additional bank staff to provide familiar and flexible staff members when cover was needed.

We saw during our inspection that staff wore photographic ID badges. We were told by a senior staff member that they had a discreet ID policy for when in the community to protect people's privacy and



dignity.

We saw clear evidence that new staff had been recruited safely. Applicants filed out an application form outlining their skills, experience and working history. Successful applicants attended an interview. We saw that the agency sought four verified references for each applicant including ones from previous employers, colleges and any periods of unemployment, before they started working. Any gaps in a person's employment was explored and a check of the disclosure and barring service (DBS) was completed. Any applicant with a DBS record was risk assessed. Applicant's identification was also checked from a number of sources. This well documented and robust process helped to ensure that staff recruited were suitable to work with vulnerable adults.

Staff received safeguarding training on day one of their induction with the agency; we also saw that there were periodic refreshers in place on e-learning. Staff we spoke with were knowledgeable about safeguarding vulnerable adults and the different types of abuse that can occur and were clear about the actions they would take if they suspected anybody was at risk of abuse. When asked staff were able to show us the agency's safeguarding policy. The policy contained appropriate guidance for staff, including information on contacting outside organisations if necessary. The agency also had a whistle blowing policy which gave guidance to staff who may feel the need to raise an alert. This meant that staff had appropriate knowledge to help ensure people were kept safe from avoidable harm.

We saw that people who lived in Oakfield and had support from staff 24 hours had personal emergency evacuation plans (PEEP's) in place. Which help to ensure that people were safe in the event of an emergency. There were also other risk assessments in people's care files that were appropriate for example in supporting people with their finances, mitigating the risk of falls, safety in the kitchen, moving safely and those relating to health needs such as epilepsy and dysphagia. One relative told us they thought their family member benefited from the risk assessment process. They told us, "I feel that Just One have actually prevented falls. They have a good balance of independence and safety".

We did see some examples where the risk assessment process had not been effective in mitigating risks to a person. The risk assessment had concluded that a person needed two staff to help them move safely. However the risk assessment had not taken into account the availability of two staff at times in order to complete the task safely. At times only one staff member was available and there were no steps in place to avoid such availability problems. One staff member had highlighted this risk as part of the supervision process, yet this had not been resolved. We recommended that the responsible person review this risk assessment.

## Is the service effective?

### Our findings

People told us they were happy with the staff that supported them. One person told us, "Support workers are good. I'm happy with my support workers, they are good to me." Another person said, "I'm happy, yeah. They are good, they take me out everywhere." One person's relative described the staff as, "A really proactive team of people". Another relative told us that they thought the staff had been "properly trained."

Staff told us that they received the training they needed to perform well in their roles. One recently recruited and trained member of staff said, "The training was really good, I learnt a lot." The agency employed a trainer who covered four days of induction training for new staff members. These covered the standards of the care certificate recommended by Skills for Care. After completion of the training units a competency test was undertaken by the staff member. These could be written tests or observations of practice, such as in using a hoist or administering medication. Each staff member needed to score a 'C' or above to pass. The acting manager showed us further improvements that had recently been made which gave each staff member an individualised electronic training record which staff could access online.

The recording of staff training was fragmented. Staff training was recorded on three different matrices; one for staff pre February 2017, one for Oakfield staff and one for staff recruited after February 2017. These were shown to us by three different staff members and there was no overall oversight of training for all staff.

In people's care files it had been identified what additional training staff required to support the person well. In the plan this was entitled, 'What training must you have to work with me?' The effectiveness of this was mixed. We saw examples of when this worked and staff received additional training; for example to support a person during a seizure or to support people to feed through a PEG (Percutaneous endoscopic gastrostomy). We also saw at times that training had been identified as part of a person's care plan that staff had not received. For example mental health awareness, dysphagia, managing challenging behaviour safely and awareness about specific syndromes that people may have. This additional needed training was not recorded on the training matrix which meant that the acting manager was not able to tell us which staff had and had not received this additional training.

Some training that people's care plans identified as necessary did not appear on the training matrix; for example dysphagia, mental health awareness and specific syndromes that people may have. This made it difficult to ensure that staff received the necessary training. In our previous inspection in September 2015 we had reported that, 'The records relating to training were poor'. After this inspection the registered provider sent us details of the actions they would take. Whilst training had improved the system was still fragmented and had not ensured that staff had received all training that had been identified as necessary.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the monitoring of staff training had not been effective in ensuring that all staff had received their identified training.

We saw that as part of the induction for new staff a period of time was spent shadowing a more experienced

staff member and getting to know people. One relative told us about the shadowing arrangement, "The shadow periods work, [name] has found them reassuring and builds up her confidence". One staff member said, "I found these to be useful, it's good to get to know a person's routine. Service users can get anxious around new people, shadowing helped them get comfortable and used to me before I started supporting them".

People's relatives and staff told us that since our last inspection in September 2015 people had benefitted from smaller staff teams of familiar people built around the individual. One person's relative told us, "Having a stable staff team has led to positive outcomes. [Name] is less reliant on family for emotional support because she has built up relationships with staff who understand her". One staff member told us they thought the person they supported benefited from a stable and consistent staff team.

Staff told us that they felt well supported by the agency, they had regular contact with and visits from senior staff and help was a phone call away. One staff member said, "I feel they look after me and support me to do my role." They told us that they had benefitted from regular supervision meetings with a senior member of staff. Each year staff also had an annual appraisal. One staff member told us, "The supervisions are good. I find them useful and we get kept up to date with information". Another staff member said, "If I have got a problem I speak out and it gets sorted out".

We looked at notes from staff supervisions; we saw that at times staff were offered praise for good work and times when staff gave feedback about their role. We also saw notes that did not reflect the work and issues staff members were involved in. We recommended that the responsible individual looked at the relevance of the discussions held in supervisions and that they captured challenges in staff work and development opportunities.

Some teams had team meetings which were recorded. Some meetings involved the service user and their family. We also saw notes from a general staff team meeting, which discussed information affecting all staff members of the agency. Other staff told us they had not had a team meeting since last October and would benefit from one. We saw that there was one planned to happen shortly.

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 so that they can 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. We saw that staff had received training in the Mental Capacity Act. We also saw that in day to day care and support staff worked within the principles of the Mental Capacity Act 2005 and promoted people taking control and making choices in their lives. One staff member told us, "We offer advice; we don't tell people what to do."

People's care plans showed evidence of people being consulted and involved in planning their support. People who were able to had signed off their care plan and documents consenting to their care. We saw that for one significant decision the process of acting in a person's best interest had been followed and a best interest meeting had been held.

The provider told us that it was their policy to only assess a person's capacity if they felt there was a valid reason to do so. In some people's care files this had been effective. For other people the process was confused. For example in one person's file it indicated the person had capacity to consent to their care and an assessment had concluded that they did not. We recommended that these people's care plans were reviewed in line with the principles of the Mental Capacity Act 2005.

One relative told us, "Staff don't assume. They always feel confident to ask. There was a change in [name's] seizures and they checked this out and were very vigilant".

We saw evidence of appropriate and timely referrals being made to medical professionals. In one person's file we saw that a referral was made to a dietitian after some unplanned weight loss. Another person had been supported to regain some weight and had been discharged by the dietitian. People's care files contained a health passport, which clearly set out their health needs for any relevant health professionals. We also saw that people were supported to access a chiropodist, dentist, optician and GP when required.

# Is the service caring?

## Our findings

People and their family members told us that the staff were caring towards them. One person said, "The staff are good. I have a good laugh with them". Another told us, "They are great, I get on with all the staff". One person's relative told us that the staff are, "Understanding and have empathy. They are approachable including the manager and office. They take time to understand people". One person's visitor told us that they had always found the staff welcoming towards them.

One staff member told us, "I like my job. I like helping people, I like people and they are nice people".

People's relatives told us that the service made efforts to match staff to the people they were supporting, matching their likes and preferences. One person's family member told us, "They matched the staff coming to support [name]. They listened to her and aim to understand her as a whole person".

One person's relative said about their family members support worker, "They put the home at ease. They are personable and a good match with [name]. His face lights up when [staff name] arrives, he has the right personality". One team leader told us that when placing new staff they try to match to people using information from their one page profile which highlights a person's likes and preferences. Matching people based upon music, favourite movies, sports and interests has worked well.

We saw evidence of times when staff and the management had cared about and had put in extra effort to help people to achieve an outcome in their lives that was important to them. For example two people had recently been supported to attend an event that was important to them which was some distance away and difficult to access. This involved arranging specialist transport and making changes to the planned rota. The staff and people supported all got involved in telling us what an adventure it had become.

We saw that the agency takes steps to protect people's dignity by planning to only have personal care offered by staff members who the person knows. One family member told us both them and their relative found it reassuring that staff, "Got to know [name] before offering personal care".

We saw that in one area of the agency residents meetings were held with the people supported. Although one person told us they felt at times they were the last to know about things. People told us they found the meetings useful and during these meetings they, "Talk about all kinds." We also saw that people who had an individualised team had been invited along to the team meeting that was held about them. This gave the person an opportunity to give feedback directly to their team in person. It also made sure they were central to and involved in the planning that happened during the team meeting.

# Is the service responsive?

## Our findings

One person told us, "I get to go out when I want. In here we are the bosses." Another person we visited showed us pictures and videos from a recent festival they attended on their iPad. A third person said, "I like going out. I went to the park yesterday with [staff name], she's a good worker." One person's visitor told us they thought, "The staff are really flexible." A person's family member told us, "I have to praise the staff, they just got [name] and her family, they just slotted in."

We saw evidence and people and their family members told us that people supported by the agency had benefitted from care planning that was responsive to people's needs and wishes.

The care planning process was person centred and started by looking at the person's interests and lifestyle choices. One person's plan started by informing staff of the person's favourite games console and music tastes. When we visited we found the person playing on their console with support staff. Another person's plan highlighted their favourite football team. When we visited the person told us that they had been supported to decorate their home in their favourite team's colours.

Care plans also had sections entitled; 'Things that make me happy', 'What makes me annoyed', 'My favourite things are', 'What are the things you must know to support me well', 'Relationships important to the person', along with what activities the person likes to do and events they like to attend along with details of special events and milestones. The care planning documents that we looked at showed evidence that people had been listened to.

The care plans also gave staff information with regards to people's day-to-day support needs. For example one person with a diagnosis of dysphagia had an, 'eating, drinking and swallowing care plan'. We also saw plans for personal care, which detailed the person's preferences, supporting people with their finances, communication and moving and handling people safely.

Other important information such as family information, emergency contact details, details of other professionals involved in the person's care and any referrals made were also held in the care file. If appropriate the person's medical history was documented. One person who has seizures had a detailed plan for support during their seizures. This plan included pictures to prompt staff during stressful situations.

The acting manager told us that information about people's medication had been separated from the main care file. The medication care file contained information relating to a person's medication, any allergies and any complex medical needs, such as support needed with epilepsy. They did this so staff had easier access to important information, which may need to be accessed in an emergency.

We saw many examples of times that people had been supported to be included in their communities. One family member told us that their relative, "Used to be in the house seven days a week. Now they are out and about". One person we met was supported to regularly attend a Makaton choir where their family member

told us they enjoyed, "Good relationships and banter." People told us that they had been bowling, to local museums and on a date night. Two other people had recently been supported to attend a reunion party where they were able to see old friends.

We saw that some people used technology, such as a tablet which showed pictures helping a person to communicate with their support staff. They also used it to keep in touch with friends by using messaging apps and social media to arrange to meet up with friends.

We saw that care plans were regularly reviewed and more formal reviews were completed annually. We saw that reviews had led to small or significant changes in a person's life. One person told us that they were really happy about a significant change that was happening in their lives which was prompted by information obtained in an annual review. One family member told us, "The team leader comes out and does reviews; they include me in everything about [name]".

We saw that any complaints the agency received had been recorded and documented, investigated and replied to. We saw at times that the senior staff member handling the complaint had involved social work teams. There was evidence that the agency had been responsive and there had been some changes made in response to feedback gathered from the complaints it had received.

## Is the service well-led?

### Our findings

The agency does not have a registered manager. There is a manager in post who has not yet registered with the CQC. During our inspection the manager was on leave and another person was acting manager in their absence. During our inspection we also spoke with other senior staff with leadership roles including the responsible individual and the agency's development manager.

We saw that since our previous inspection in September 2015 there had been areas of improvement; particularly in relation to the reliability of people's support, communication between people's family members and the agency, in the effectiveness of care planning, the handling of complaints and the quality and availability of the agency's policies.

During this inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that the monitoring of people's medication administration, staff training and the organisations response to incidents had not ensured that these areas had consistently remained safe and effective.

The organisation undertook a series of audits and checks as part of their quality assurance systems. We saw that some of these were robust and had been effective. For example we saw that staff recruitment audits had ensured that the process for recruiting new staff was robust and had been consistently followed. This ensured that new staff who had been recruited were suitable to work with vulnerable adults.

However we saw that some checks had not been responsive in highlighting areas requiring improvements. For example we were told by the responsible individual that incident reports were reviewed monthly. However we could find no evidence of this and this meant that adequate steps had not been taken to assess and mitigate the risk to the health, safety and welfare of service users and others who may be at risk.

We were told that medication administration records were monitored each month and people's medication was checked every six months. However, we saw that these checks had not highlighted the practice of not recording medication stocks had not been identified and addressed as part of the organisations monitoring of quality

Spot checks on equipment used to lift people safely, along with care plan and risk assessment reviews; had not highlighted and resolved the issues, such as insufficient members of staff being available to complete a task safely.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes had not enabled the registered person to assess, monitor and improve the quality and safety of the services provided to people.

We saw that the agency had introduced an observation procedure where staff were shadowed by a senior member of staff for a period of time. We saw that this observation was used to give staff feedback on the



quality of their work, give staff or the agency actions to work on and offer compliments for support well delivered. We saw that the document used for these checks was comprehensive and also focused on the experience and outcomes for the person supported. For example the form prompted senior staff to look for evidence to show that staff helped people to, 'create opportunities to develop, establish and maintain personal relationships and social networks'. The observation also looked at staff treating people with dignity and respect, promoting independence, using equipment safely, punctuality, communication and recording skills and feedback from family members.

The manager had sent notifications of some events to the Care Quality Commission (CQC). However, during the inspection we saw that the agency had not sent notifications for all the events and incidents that the agency are obliged to send us in accordance with our statutory notifications. This meant that CQC were not able to fully monitor information and risks regarding 12 Tapton Way. We discussed this with the responsible individual in the absence of the manager. After looking into this they told us that this may be due to administration errors. They would submit the notifications highlighted and would ensure all relevant notifications were submitted in future.

During this inspection the development manager told us that they had stopped providing domiciliary support with frequent short visits, which they had not been able to provide safely. They said they had, "Worked out what we are good at and went back to it. Concentrating on providing individualised, bespoke care packages that allows us to be more person centred."

We saw that there had been changes to the structure of the organisation with the development of teams focused around individuals and the appointment of team leaders who lead groups of teams. People who we visited were familiar with the team leader who accompanied us. We saw that the team leader had positive relationships with people and were knowledgeable about their needs.

The responsible individual showed us some new training developed on the vision and aims of the agency. It will be delivered each year to refine the service people receive by giving reminders and opening up communication with staff with regard to; how staff come across in people's homes, personal presentation, protecting people's dignity and promoting their rights, duty of care, privacy, accurate completion of documents and looking at care from the person's point of view.

Staff were very positive about the improvements and gave us examples of improvements they had seen within the organisation. For example one staff member said, "I feel more confident in the organisation now". Another staff member told us, "I now feel more valued. We are supported more than we ever have been." A third staff member told us that since the changes had been made in the agency they, "Feel more listened to". Care staff told us that they found senior members of staff approachable and felt confident going to them with any issues that may arise. One staff member said, "I went to the manager and they listened to me. They were really good and handled the issue really well, I have confidence in them."

Family members told us that they found communication with the office and staff at the agency to be easy and effective. One relative told us, "Communication with Just One is usually good". Another relative told us that when they contacted the office they found them really efficient. One staff member told us, "If I ever need anything I ring the office. They have always been helpful, can't fault them." Another told us, "If I have any problems or issues, I call the team leader. They are really supportive."

The agency had also created the role of quality lead. At the time of our inspection this person was spending time within each area of the agency looking to make further improvements to the quality management systems currently in place. The development manager told us that this was to help embed continuous

improvements within the agency.

Since our previous inspection the agency's policies have all been reviewed and updated. We saw that full copies of policies were available on the computer system in the office. Copies of relevant policies were in people's care files for easy staff access. Staff could show us policies and two staff referred to them when answering questions about safeguarding vulnerable adults.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place had not always been effective in assessing, monitoring and improving the quality of the service provided.</p>