

Mrs Susan Smith

One to One Community Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

At the last inspection in June 2015 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'One to One community Care on our website at www.cqc.org.uk'

At this inspection on 14 and 23 November 2017 we found the service remained Good. The service met all relevant fundamental standards.

One to One Community Care is a domiciliary care agency registered to provide personal care. The service supports people within a ten mile radius of their office location in the Crookes area of Sheffield. At the time of our inspection the service was supporting 20 people and employed seven care staff.

The registered manager had decided to step down and was in the process of de-registering. The registered provider had taken over the management of the service. 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.

Staff we spoke with were knowledgeable regarding signs of potential abuse and how to recognise abuse. They were also aware of the reporting procedures.

Assessments in care files identified risks to people and management plans were in place to reduce risks, However, some of these were not up to date and the provider was reviewing all care files.

We received positive feedback from both the people we spoke with and their relatives. They all told us the service provided good care that was safe.

Recent recruitment procedures ensured the right staff were employed to meet people's needs safely.

Medication systems were in place to ensure people received medication as prescribed and safely. Staff had received training to administer medications safely. However, systems were being improved at the time of our inspection. Infection, prevention and control procedures were in place to protect people.

There was sufficient staff to meet people's needs. People and their relatives whom we spoke with told us that staff were always on time and they also had the same group of care staff who provided support.

Staff supported people to enable choice and control of their lives and people were supported in the least restrictive way possible. However documentation was being improved to support this at the time of our inspection.

Staff received training to be able to fulfil their roles and responsibilities. Staff told us they were supported and received an annual appraisal.

People were supported in the community with meals and people told us staff offered choices and always made sure they had a drink.

We found the service meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a satisfactory understanding and knowledge of this. However the registered provider was reviewing care files to ensure all documentation was up to date.

People told us they were treated with dignity and respect at all times. People told us that the staff that supported them were very kind and caring. People spoke highly of the staff that supported them and told us the service was excellent.

Staff we spoke with understood how to respect people's preferences and ensure their privacy and dignity was maintained. People told us they received personalised care that met their needs.

There was a system in place to tell people how to raise concerns and how these would be managed. Relatives we spoke with told us if they had raised a concern it had been dealt with by the registered provider immediately.

The registered provider was reviewing and updating the systems to monitor and improve the quality of the service provided. They were developing an action plans for any improvements required and these were to be discussed with staff.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

At the last inspection in 2015 this key question was rated as requires improvement it is now good.

Risks had been identified, to ensure people were safe.
Medication procedures were followed to ensure safety.

Sufficient staff were available to meet people's needs at the time of our inspection. Recruitment procedures were in place. People were protected from abuse.

Good ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

One to One Community Care

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 checked 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 2014.¹

This comprehensive inspection took place on 14 and 23 November 2017 and was announced. We gave short notice of the inspection in line with our methodology, as it was a domiciliary care agency and we required the appropriate staff to be available. The inspection team consisted of an adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the provider. We also obtained the views of service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 20 people who used the service. During our inspection we visited two people in their own homes with the registered provider. The expert by experience spoke on the telephone with four people who used the service and four relatives of people who used the service. We spoke with the registered provider and four support workers..

We looked at documentation relating to three people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

At our last inspection in 2015 this was rated at requires improvement. This was because robust recruitment procedures were not always followed.

At this inspection we found recruitment and selection processes were in place. The registered provider had recruited one new member of staff since they had taken over the management of the service. We looked at this file and found all the pre-employment checks and been obtained. This included two references and a disclosure and baring check (DBS). These checks help employers make safe recruitment decisions.

The registered provider told us they had found the previous registered manager had not always obtained the correct references for new staff. They added that now they were managing the service the correct procedures were being followed.

Everyone we spoke with praised the staff and said they were absolutely wonderful. One person said, "I do certainly feel comfortable in the care workers' presence, they are fantastic." Another person said, "I always feel safe and comfortable. I certainly have no issues in this area." Another person commented, "I am very happy with care workers, they always make me feel safe."

Relatives we spoke with also spoke highly of staff and were very happy with the care and support provided. One relative said, "[My relative] is definitely safe, I have no concerns."

From speaking with staff and our observations when we visited people in their homes, it was evident that staff understood people's needs and people responded to staff positively. People who used the service were comfortable with staff and were responding to staff, showing they were happy in their company. People told us they got on well with the staff that supported them.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow.

We found risk assessments were in place in people's care files. Since the registered provider had taken over the day to day management of the service they had found that not all documentation had been kept up to date. The registered provider was reviewing and updating people's files. They had completed environmental audits and personal emergency evacuation plans for the fire risk assessments. They told us that all people's risks would be reviewed and updated by the end of November 2017.

We found there was enough staff to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able to provide the care and support required. People told us that care staff arrived on time, stayed the correct amount of time and they always had the same group of staff. Relatives we spoke with also confirmed that staffing was very good, they said that time keeping was excellent and the staff that provided care and support was consistent. One person said, "Definitely on time, I can set my watch to when

she comes." Another commented, "I have no problems with timing, my care workers do come on time." A relative we spoke with said, "Yes they [Care staff] are on time, I no issues if they are late which is very rare, this is due to an emergency." Only one person told us of an issue they had about a late call. This had been raised with the registered provider and had been resolved.

We looked at the systems in place for managing medicines in people's homes. We saw they were stored safely and staff recorded when they were administered and notified the registered provider if there were any issues or concerns. However, we found that not all medicines were recorded when they arrived at the person's home. This meant it was not possible to determine how much stock was in the person's home to ensure medicines were given as prescribed. The registered provider had noted this shortfall as part of their quality assurance checks and had devised a new medication administration record that required staff to record how many medicines were in stock, to ensure a robust audit system.

The staff had up to date training in medication procedures. However, the registered provider had also identified that staff had not had a recent medication competency assessment. These had been planned by the registered provider for all staff.

There were systems in place to ensure infection, prevention and control was adhered to. Staff told us they were provided with personal protective equipment to ensure safety. People we spoke with told us staff used aprons and gloves and washed their hands regularly. This ensured robust infection control that protected people.

Is the service effective?

Our findings

People we spoke with all praised the staff. The relatives we spoke with also told us the staff were knowledgeable and understood people's needs and how to meet their needs.

One person who used the service told us, "The staff are spot on, they are excellent." Another person said, "The staff do the tasks fine, I have no issues at all."

One relative said, "The staff are brilliant, they give the correct advice to me and they ensure the tasks are done well." Another said, "The staff are wonderful I have no issues regarding their training or their skills."

We found staff had the right skills, knowledge and experience to meet people's needs. All the staff had completed an induction when they commenced work. All staff had also completed the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Staff we spoke with said the training was good and were able to access specific training if required. We identified that although staff had attended first aid training this was out of date, the registered provider showed us evidence on the second day of our inspection that this had been booked for all staff.

Staff we spoke with were very knowledgeable and understood the need to ensure they were kept up to date. This ensured that standards, legislation and best practice guidance was followed.

Staff we spoke with said although there had been a change in the management recently, the change was a positive outcome and they now feel supported. Although supervisions had not occurred in line with the registered provider's policy, the registered provider told us they had carried out group supervision with staff to communicate the changes and had drawn up a schedule to ensure staff received regular supervision, spot checks and competency assessments. This will ensure staff are supported in the roles.

Although we did not see a meal being prepared, we saw staff gave choices when they visited people to provide meals and staff explained to us how they planned meals with people with their involvement. Meals were prepared in people's homes supporting people to be as independent as possible. We saw evidence that people were supported to have a well-balanced nutritional diet. Staff also told us if they had any concerns they would communicate this to the office and the relatives to ensure any medical advice was obtained.

People told us that staff prepared the food of their choice. One person said, "The staff warm my food, I have no problem with this." Another person said, "I provide the food. The staff prepare it, they are very good."

Relatives we spoke with praised the staff with the support they provided to ensure people were supported to eat their meals. One relative said, "[the staff member] really takes their time to feed my relative, they are so patient."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The registered provider was aware to consider best interests if a person lacked capacity to make a specific decision. Although detailed documentation was not in place, staff understood the legislation and the need to consider best interests. The registered provider was reviewing all care files at the time of our visit. They told us if a best interest decision was required this would be addressed to ensure all decisions were made in people's best interests. Staff we spoke with understood the MCA and DoLS, they had received training.

People were supported to maintain good health and if staff identified a change in a person's needs or deterioration in their wellbeing this was reported to the office and addressed.

Is the service caring?

Our findings

People we spoke with all confirmed that the support they received was excellent. One person said, "The service is absolutely brilliant. I could not wish for any better, my care staff are absolutely wonderful, caring, sincerely do look after me." Another person said, "Wonderful care workers, always caring and nice to me."

Another person commented, "Such a delightful care worker I have. If she was a prescription, I would ask for this all the time. They always make me feel happy. They are so nice. I wish every care worker in the world is like [care worker]." Another person said, "They are nice care workers, they are caring and respectful to me."

Relatives we spoke with also praised the staff. One relative said, "They are delightful with my relative, very caring people. I cannot praise them enough." Another relative said, "[Care worker's name] is absolutely wonderful to my relative, she has fulfilled all my wishes for care for my relative. I do feel my relative is cared for with her support."

Another relative commented, "[Care worker's name] is absolutely wonderful and caring. I would not swap her for anything."

We saw that care and support delivered was kind and caring and delivered in a sensitive way. Staff interacted with people positively and used people's preferred names. We saw people enjoyed being with staff and were laughing and happy.

Staff spoke about people with respect and it was clear they were passionate about ensuring people they supported received the best possible care. Staff explained to us how they maintained people's privacy and dignity by closing doors and curtains. One person who we visited told us, "The staff are definitely caring and respectful. I am so happy with the care workers, I wouldn't change anything."

People we spoke with explained to us how staff offered choices and involved them in care decisions. People also told us that staff listened and ensured they respected their decisions.

Is the service responsive?

Our findings

People we spoke with told us, "The care staff are very good, they know how to look after me and they do it very well."

Relatives also told us the staff understood people needs. One relative said, "Management come to see [my relative] as well. That is good for me."

People also told us they received personalised care that met their needs. Relatives we spoke with said the staff knew people and picked up on any changes and responded appropriately. Staff we spoke with understood people's needs and how to meet their needs. However, we identified that care records did not always reflect people's current needs. The registered provider had already identified this and was taking action to address it. On the second day of our inspection they had completely updated one person's care file. This file was ready to be taken out to the person to go thorough and agree the care and support documented. This ensured their views, choices and decisions were incorporated. The other files were all ready to be implemented. They told us these would be completed by the end of November 2017. They also said files would be regularly reviewed to ensure they remained up to date.

People and their relatives we spoke with all confirmed that they were listened to. One person said, "Management are very good. They deal with any issues I raise." Another said, "Management, they are good, I can always pick up the telephone they will always listen to me."

A relative we spoke with told us, "I have a good relationship with them [the staff] they are always approachable very pro-active and meticulous with the notes as well."

There was a complaints' policy which was given to each person and their relatives when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised.

However, we identified the registered provider had not always documented the concerns raised with, action taken and outcomes. The registered provide told us they would address this and ensure any concerns raised were clearly documented. This would evidence the outcome and any changes implemented following the concern to ensure lessons were learnt.

We spoke with one relative who had recently raised some concerns. They explained to us how they had spoken with the registered provider that they had listened to them and taken them seriously. They said they had acted on their concerns and they were happy with the outcome.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post who was registered with the Care Quality Commission. The registered manager had stepped down in October 2017. 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 registered provider had taken over the day to day management of the service. When they had taken over and started to review the governance they identified that some areas of governance had lapsed. The registered provider had implemented an action plan and had timescales to ensure all quality monitoring was addressed.

Staff we spoke with told us that they worked well as a team and supported each other. They said the registered provider listened and there was effective communication. Staff said that things had improved since the registered provider had taken over the management. Although, care and support to people had not been affected by the lapse in oversight. It had also not impacted negatively on people who used the service. Staff acknowledged the improvement in communication had been positive for the staff team and they felt much better supported.

Staff we spoke with were very passionate about providing a good service. All staff we spoke with advocated for the people they supported and wanted the best possible outcomes for people.

The registered provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the recent survey sent out and all comments were very positive.

The registered provider also sent out yearly staff questionnaires. These had been sent out at the time of our inspection. Some had been returned and the comments were also very positive.

People who used the service and their relatives we spoke with told us the service was well managed. They confirmed communication was good with the registered provider that they were kept up to date of any changes and any new information or advice was shared. They confirmed they received questionnaires to complete and also spoke regularly with the staff and management.

One person we spoke with said, "The management are good I could highly recommend this firm to someone else I am very impressed." Another person said, "It is a small company the owner does try to get involved this is great." Another person commented, "They are good a very caring team."

One relative we spoke with said, "The service is run well it is great to see the manager is not just sat in the

office they are pro-active they meet my relative they are honest with the timing if it takes 15 minutes they will put down 15." Another said, "Management are fine they doing their best."

We found systems were in place for managing safeguarding concerns and incidents and accidents. However, following the first day of our inspection the registered provider implemented a better process for documenting and reviewing any incidents to ensure any themes could be identified to prevent further incidents.