

One 2 One Support (Cheshire) Limited

One 2 One Support, Suite F12A

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

About the service

One 2 One support, Suite F12A is a supported living and domiciliary service that provides care to people in their own homes in Cheshire West.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, a total of 23 people were using the service, of which 21 people were receiving support with personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way to maximum people's independence; the policies and systems in the service supported this practice. However, we found a lack of information relating to how best to support people around risk, this meant that people were not always safe from harm, Staff were deployed to support people both in their home and out in the community.

Recruitment checks were made, however we found inconsistency in information held to ensure safe recruitment was completed. We discussed this with the registered manager who acted immediately to provide further information that safe recruitment had been followed.

Care plans were in place, however we found short falls in this as key information regarding people was not always in place. We discussed this with the registered manager who shared that the provider was in the process of transferring information to an online care management system.

People were encouraged to have choice and control of their lives. Staff supported people to be as independent as possible in their homes and out in the community.

Right Care:

People were positive about the care and support they received. People were treated with dignity and

respect by staff knowledgeable about the person and their support. People spoke with pride regarding their homes and links with people and their local community. People were supported to be independent both at home and in the community. Staff knew people well and spoke passionately regarding the people they supported and working for the provider.

Right Culture:

We found inconsistencies in auditing and assurance that people were protected from potential abuse.

The registered manager, nominated individual and staff demonstrated a personal-centred culture which focused on meeting people's individual needs. The registered manager was committed to developing their knowledge and to make continued improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 February 2021. The last rating for the service under the previous provider was Good (published 09 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to the systems of oversight in place at the service, management of risks and checks that the provider was making to ensure that people were safe.

We have identified a breach in relation to the systems of oversight in place at the service, management of audits, risks and checks that the provider was making to ensure that people were safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

One 2 One Support, Suite F12A

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 3 inspectors.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service also provides a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 March 2023 and ended on 4 April 2023. We visited the location's office on 29 March 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives about their experience of the care provided. We observed interactions between staff and people living at the supported living services. We spoke with 9 members of staff in various roles, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 people's care records and other records relating to people's care and support. We looked at 8 staff files in relation to recruitment. A variety of records relating to the management of the service was reviewed, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems were not always robust enough to manage risk. Where the provider had identified a number of risks for people, we found limited information on how to respond and mitigate risk to protect them from harm.
- People's risks relating to falls, self-neglect, physical aggression, and safeguarding issues were identified on the provider's care management system. However, no further information was recorded to guide staff on how to respond and support the person to mitigate these known risks.

We discussed our concerns with the provider who responded immediately during the inspection to investigate the concerns raised. The provider told us that they continued to develop information relating to risk management for people on their online care management system and continued improvements would be made. This will be reviewed at our next inspection and is discussed further in the well led section of this report.

- People using the service felt safe. One told us, "No complaints, staff are good, and they support me."

Staffing and recruitment

- Recruitment processes in place were not always robust. Checks were carried out to ensure suitable staff were employed. However, the provider's records did not evidence all regulatory checks relating to safe recruitment were made.
- We discussed our concerns with the registered manager who responded immediately during the inspection to investigate the concerns raised. Actions were taken to review documentation and checks completed during recruitment. By the end of day 1 of the inspection, assurance was given that all information relating to safe recruitment of staff was in place.
 - Disclosure and Barring Service (DBS) checks were carried out by the employer during the recruitment process, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
 - Staff and people we spoke with told us there were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed, stored, and given to people as prescribed. However, we found management of medicines stock were not always robust. During the inspection staff told us they were unsure when stock control was checked or reviewed.
- When we made checks on people's medicines, we found one person's medicine stock was incorrect. This

was raised with a/the senior team leader who was responsive and investigated this.

- Other aspects of medicines management were safe.
- People told us they felt supported well by staff to ensure they have their prescribed medicines. One shared, "They [staff] come and support me, I wouldn't be able to do it myself."

Systems and processes to safeguard people from the risk of abuse

- People told us they could speak up if they needed to. One shared, "If I have a problem, I can tell them." Adding, "I would speak to [team leader] if I was not happy."
- Systems were in place to protect people from abuse. Allegations of abuse, accidents and incidents were recorded appropriately, with evidence of action taken to keep people safe.
- Staff told us they understood their responsibilities to report abuse and felt confident that senior leaders would act on concerns. One staff member told us, "I feel confident to raise concerns and I can be very open and honest."

Preventing and controlling infection

- People were protected from the risk of infection, with the provider following current guidance.
- Relatives told us they felt their loved ones were protected. One shared, "During COVID [staff] kept us up to date with what was happening."

Learning lessons when things go wrong

- Where people had experienced an accident or incident, there was evidence that this was reviewed by the management team for any lessons learnt and discussed at senior meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement; This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were personalised however, information was limited and not consistent. This included a lack of key information important to the person. We discussed our concerns with the registered manager who shared that the provider was currently transferring information from paper care plans to their online care management system.
- Following further review of both paper and online care plans improvements were still required to ensure information was personalised and robust. This included information relating to personal history, interests, emotional support, recreational and leisure interests, and outcomes that the person is looking to achieve.
- People told us they felt in control of their lives. One told us, "I love it here, I like everything."
- Relatives reflected on the person-centred approach by the provider prior to commencing support to the person. One relative told us, "It was all at [Person] pace, for others it may be slower, but it was the way [Person] wanted it."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not always working within the principles of the MCA. Decision making for people was not always clearly evidenced and documented where questions relating to capacity and consent were evident. This is discussed further in the well led section of this report.

Staff support: induction, training, skills and experience

- Staff completed an induction when they joined the service. This was a combination of online training and shadowing experienced colleagues.
- Staff felt well supported in their role. One staff member shared, "Induction was great, best company I have worked for."
- Staff completed training appropriate to their roles, with on-going online training available to ensure their knowledge was refreshed. One shared, "There is a training schedule, you get emails, and the app will tell you what you need to do," adding, "sometimes [team leader] will ask us to do some additional to keep up to date."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in meal planning to ensure they had access to drinks and a nutritional meal. One shared, "I plan my menu with staff support for the week."
- People were actively involved in meal preparation with just enough support in place to keep people as independent as possible. One said, "I help with the cooking, I do what I can and staff help with the rest."
- Where people had additional support needs around eating and drinking, information was accessible for staff to review.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to support positive outcomes for people. One relative shared, "There has been best interest meetings, [team leader] is involved with other professionals to ensure we are supporting [Person] in their best interest."
- People had a 'hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medicines, care and communication needs.
- People were supported to access appropriate healthcare services when required.

Adapting service, design, decoration to meet people's needs

- People's individual preferences were reflected in the design and decoration of their home. One shared, "I've got my room just how I like it."
- People were proud to show inspectors around their home and discussed improvements they wished to make. One told us, "We are doing a project in the garden, nice to see things grow."
- Relatives shared that people spoke with pride about their home. They said, "[Person] visited, [Person] is so proud of the kitchen and loves showing people when they visit."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke with warmth of the support they received. Comments included, "Staff are fantastic, it's just amazing," and "They [Staff] are wonderful, I can't believe how lovely they are, I am happy."
- The positive approach by staff was recognised by people. One shared, "All the staff are lovely and look after me really well."
- People's privacy was respected. Staff respectfully knocked on doors and checked people were happy for them to enter their rooms.
- Relatives reflected with confidence over the relationships between staff and people. One told us, "Interaction is very positive, they encourage [Person] to do as much as they can for themselves."
- Relatives spoke positively over the engagement between staff and people. One shared, "The care [Person] receives is good, it's very person centred." Another said, "[Person] is always happy returning home its like a new family, [Person] really loves it."
- Staff demonstrated understanding and connectedness with people. One staff member told us, "It's a privilege to support people living here."

Supporting people to express their views and be involved in making decisions about their care

- People felt involved and in control of their lives and support. One told us, "I make choices on how I want to plan my day."
- Reviews were completed with people and relatives to reflect on support and future goals. One relative said, "We discussed the care plan, everything was ok," adding, "It was all really positive."
- Throughout the inspection people discussed independence and freedom over how they spend their day. This included accessing the local community, spending time with friends and completing activities of interest to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always consistently reflected in their care plans. We observed positive interactions between staff and people, who knew people's communication needs. Care plans did not always have information on how best to communicate with the person. This meant that newer staff did not have the guidance they needed to effectively communicate with a person.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had control over what they wish to do with their day. One person told us, "I can do what I want, come and go, just let staff know."
- Bedrooms were decorated to the person's wishes and preferences. People's rooms were decorated with personal items and items of interest to them.
- Events and activities were led by people. One shared, "I'm planning April fools, we are planning a party for the coronation party next, and everyone is involved."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a sense of family and belonging within the supported living settings. One shared, "[People] are all my friends." While a relative reflected, "It really is like a family for [Person]."
- People were active in their local community. This included employment, engagement in local events and utilising amenities both independently, or with support from staff. One shared, "I work at [Location], I really enjoy it."
- During the inspection people discussed with pride their participation in planning, engaging in activities and interests that they enjoyed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People, relatives, and staff had access to this.
- People, relatives, and staff informed us they felt confident they would be listened to if they had a concern. One relative shared, "I can ring up and discuss any issue, I know they will deal with it."

End of life care and support

- At the time of the inspection no people were being supported with end of life care and support. Staff completed training on end of life care should it be needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's governance systems were not always robust. During the inspection we found inconsistencies around audits and checks the registered manager and senior leaders completed to ensure people were safe from abuse.
- The registered manager acknowledged the inconsistencies over audits and checks they completed, including in relation to people's medicines, finances and safe recruitment.
- Staff completed checks in relation to the management of medicines. However, systems set up as oversight by the registered manager and senior support were not consistently completed.
- Records were not robust to demonstrate the provider was following the principles of the Mental Capacity Act (MCA).
- Records to guide staff on how to mitigate people's known risk and effectively communicate with people was not always in place or available to staff. Other information about people was not always consistent within care plans. The provider was in the process of transitioning care plans from paper records to their online care management system. At the time of inspection the relevant information was not always available within either system.

Systems were either not in place or robust enough to ensure good oversight of assessment and monitoring of the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager who responded immediately during the inspection to investigate the concerns raised. Further evidence was provided by the provider in relation to people's finance checks completed by the registered manager. The registered manager also shared an action plan of improvements they intended to make in this area.

- Other systems were in place to record and monitor accidents and incidents, with an escalation process in place to monitor events taking place across locations and action any lessons learnt.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and staff spoke positively about the approach from the management team. One relative

told us, "[Team leader] is really good, always makes you feel welcomed."

- One person using the service told us, "All the staff are lovely and look after me really well."
- Staff felt well supported by the registered manager and senior staff team. One shared, "I feel valued in my role." Another said, "I feel supported and reassured over my role."
- Staff described a positive working culture. Comments included, "It's amazing, [Management] are there for me." And "I feel really valued in my role."
- Regular meetings took place across each supported living setting, with a senior management meeting to reflect and review events taking place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. There was a system in place for reporting and recording events which occurred across each supported living setting.
- Throughout the inspection the registered manager was open and transparent to queries and concerns raised, reflective in their response and had a plan to make improvements following feedback given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings took place regularly with people. This gave them opportunities to discuss events and feedback.
- The provider held social events for people, relatives and staff.
- Regular staff meetings took place in each supported living setting. One member of staff told us, "There is a good flow of information shared."
- The provider worked in partnership with local social care and health professionals to support people to secure a new home and manage their own tenancy for the first time.
- Relatives recognised the positive approach the provider made to people's lives. One shared, "I don't have to worry now, [Person] is happy."

Continuous learning and improving care

- There was a culture for continuous learning and improvements. The registered manager demonstrated throughout the inspection willingness to learn and grow within their role.
- The provider was implementing new care management systems to support improvements to care plans, record keeping and governance. We will review the impact of this at the next inspection.

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>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to ensure good oversight of assessment and monitoring of the quality and safety of the service. This placed people at risk of harm.</p> <p>This was a breach of regulation 17 (1) (2) (a) (b) (c) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>