

One Day At A Time Home Care Ltd

# One Day At A Time Home Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

One Day at a Time Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes or assisted living houses and flats. At the time of the inspection 21 people were using the service.

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.

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

People told us they felt happy with how their medicines were managed, however, guidance was not in place for 'as required' medicines and therefore staff did not have all the information necessary when administering these medicines. Staff responsible for people's medicines had not always had their knowledge and competency of medicines management checked in line with national guidance and best practice. Daily records confirmed people were supported with the administration of their medicines in a safe way.

People had care assessments that identified their needs. Risks associated with people's health and wellbeing needs were identified and managed to mitigate risks found. People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare.

There were systems in place to monitor the quality of the service and make improvements when needed. However, the registered provider did not always use these effectively. Medicine audits had not been undertaken consistently or did not identify concerns found during inspection and systems in place to record actions taken to improve the quality and safety of the service were not always effective.

Staff received training, supervision and appraisal which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff supported people to have enough to eat and drink and to access healthcare services when they needed. Assessments of people likes, dislikes and preferences were undertaken prior to the service supporting each person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff were dedicated to ensuring people experienced the best possible care and support. People's equality and diversity needs, and preferences were respected. People and their relatives were happy with the support offered and felt very comfortable with all staff who were flexible, understanding and sensitive to people's needs. Staff clearly knew people well. Privacy and dignity were promoted and respected.

People and their relatives told us they were satisfied with the management of the service. People understood how to make a complaint about the service if they were unhappy with aspects of their care.

People who use the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (report published 20 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9 (Person-centred care) and regulation 18 (Staffing). However, further improvements were needed to ensure all regulation were met.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified breaches in relation to medicines and good governance.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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 Day At A Time Home Care Ltd

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

#### During the inspection

We spoke with the registered manager and quality assurance manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four who uses the service. We spoke with three relatives. We spoke with four care staff members. We contacted seven professionals who regularly have contact with the service and received two responses.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was not always assurance about safety.

### Using medicines safely

- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, although staff knew people's individual needs, protocols were not always in place to guide staff how and when to administer such medicine. For example, we found two people who were prescribed PRN medicines did not have PRN guidance in place. We discussed this with the registered manager who were able to demonstrate they understand the importance of PRN guidance and agreed that this had not been implemented for these individuals. They advised they would ensure these were put in place following the inspection. Following the inspection, the registered confirmed this had been completed.
- Although we found no evidence that people had been harmed, staff were not always assessed as competent to administer medicines in line with clinical guidelines and best practice. National guidance states that social care providers should ensure staff have an annual review of their knowledge, skills and competencies. The registered manager had failed to ensure staff had their knowledge, skills or competency suitably reviewed in line with clinical guidance, to ensure they were able to administer medicines safely.

Failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines regularly with staff's support. Training records evidence all staff had been trained in the safe administration of medicines.
- Records evidenced that people received their medicines as prescribed. One person told us, "They check I have taken them [medicines]."

### Staffing and recruitment

At the last inspection we found the provider had failed to undertake all the necessary checks to ensure fit and proper persons were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and they were no longer in breach of Regulation 19.

- The provider's recruitment process was followed to recruit suitably skilled and experienced staff.
- The provider completed a range of pre-employment checks which helped them make safer recruitment decisions to ensure people were safe.
- The provider had an appropriate induction, supervisory arrangements and monitoring processes to

ensure staff were able to undertake the role they were employed to do. This supported the registered manager to mitigate any potential risks regarding the lack of satisfactory conduct information. However, we found that staff files did not always evidence that satisfactory conduct from the staff's previous employment in a health and social care role had been sought and the provider had not recorded that they had assessed the risk of employing someone without this evidence. The registered manager was able to confirm they had ensured that they mitigated any potential risk but failed to record this. We have reported on this in the well-led domain.

- Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.
- There were enough staff deployed to meet people's needs at the preferred times. People confirmed that staff arrived at the expected time and stayed the duration of the visit.

#### Assessing risk, safety monitoring and management

At the last comprehensive inspection we found the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12 in relation to assessing and managing risks.

- People's individual risks were assessed prior to the service commencing. Where risks were identified measures were put in place to mitigate them to help keep people safe.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Risks were kept under regular review. If there were any changes to a person's ability or condition, this would trigger a review to ensure risks assessed were kept current.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. People confirmed they felt safe with staff.
- The provider had a safeguarding policy which gave the management team and staff guidance to safeguard people from harm.
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. A staff member told us, "Any safeguarding concern I would report to line manager." Managers understood their safeguarding responsibilities.

#### Preventing and controlling infection

- There was an infection control policy in place at the service and was followed by staff to ensure the risk of infection was minimised for people.
- Staff had access to appropriate personal protective equipment, such as gloves and aprons to be used when delivering personal care.

#### Learning lessons when things go wrong

- Records showed the registered manager monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last comprehensive inspection we found that the provider had failed to ensure there were sufficiently competent staff who received appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and they were no longer in breach of Regulation 18.

- People were cared for by staff who had received a comprehensive induction and ongoing training and support that met current best practice guidelines
- Staff had supervision meetings with their line manager. These meetings were used to explore staff performance and reflect on their achievements, personal and professional goals. One staff member said, "I mentioned to management I'd like to progress. They will help me achieve my goal."
- Staff completed mandatory training to equip them with knowledge to be effective in their role. Records showed that staff completed training in topics such as safeguarding adults and children, first aid and medicines management. A staff member told us, "There is a lot of training and a good induction. We are also shadowing at first [when we start]."
- Staff were being supported to undertake annual appraisals and we were assured these would be completed following the inspection.

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

- People's needs were assessed before the service commenced to help determine if the service could deliver effective care and support.
- Assessments guided staff to provide care in line with people's needs and personal routines.
- Care plans developed for people included background information including medical history and ongoing conditions, personal care and how they people wished to be supported.

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

- Where people were assessed as needing help or support with eating and drinking, staff supported them to have sufficient amounts to maintain their health and wellbeing.
- Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.

- Where necessary people's dietary intake was monitored. If there were any concerns about people's nutrition or hydration referrals were made to the appropriate professionals.

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

- People were supported to maintain their health needs through contact with health and social care professionals.
- People received continuity and seamless care because the service had developed good working protocols with a team of professionals in a variety of agencies and services. One relative told us, "Yes, they phoned surgery [GP] for us today." Another person told us, "Yes, they are always here to sort things. I once needed an ambulance, they were more than helpful, stayed with me long time."
- Staff told us if they were concerned about a person's health they would contact the office or speak with health professionals directly to ensure the person received the care they needed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- People gave staff their consent before they received any support to meet their care needs.
- Staff had completed training in MCA and had an understanding of how to appropriately support people in the least restrictive way and within the legal framework of the MCA.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- People told us they were treated as individuals by a team of staff who were kind, caring and compassionate. One person told us, "They are excellent... I can call senior [staff member] anytime I like, they're absolutely fantastic."
- Staff understood people's equality, diversity and human rights needs and these were detailed in each care plan. Staff told us they responded to people as individuals and respected any particular care needs and preferences at each visit.
- People and relatives said they had developed meaningful relationships with care workers that visited them.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

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

- People were involved and supported in planning and making decisions about their care. One person told us, "[I am] Involved in everything."
- We saw evidence people had been given meaningful opportunities to be involved in care reviews. One person told us, "Yes. It [care plan] is reviewed regularly, any changes are discussed".
- Staff understood people's abilities and how they could contribute towards making decisions about their care.
- People and relatives were contacted in several ways to gather their feedback. This included review meetings, surveys, emails and phone calls.
- One relative told us, "Yes, we have, it's been a while ago, but we had a review few weeks ago."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were very respectful; maintained their privacy and promoted their dignity. One person told us, "Absolutely. They always talk to me not over me."
- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "I make sure door closed and curtains if I am assisting with personal care. I will cover them [people]."
- People were encouraged to maintain their independence. Staff understood about encouraging and promoting independence.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored

appropriately.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the provider had failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People's care and support needs were assessed to ensure staff had sufficient details about people's individual needs and this information was used to develop a plan of care.
- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate.
- People were supported to have choice in every aspect of their lives. Staff used a range of techniques to support people to be able to choose what they wanted to do or have to eat for example.
- A health and social care professional told us that the service, "Provides a person centred approach and tailors the care to the clients [people's] needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we recommended the provider work to the standards as required by the Accessible Information Standard to make sure people are given information in the way that they can understand.

At this inspection we found that the provider had made improvements.

- The provider was working within the AIS. People's specific communication needs were recorded in their care plans and staff had a good understanding of those. They could communicate with people effectively.
- People were given a range of information they could understand and the communication support they

needed.

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

- People where required, were supported to maintain relationships with family and friends to help avoid social isolation.
- People were encouraged to follow interests and to take part in activities that were of interest to them. One person told us, "I love to bake and cook, they [staff] would prepare all the equipment for me. They know my routine".

Improving care quality in response to complaints or concerns

- There was a robust complaints process in place. We saw that the process ensured people's concerns would be properly investigated and an outcome recorded.
- People and their relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The registered manager confirmed that three complaints had been made since the last inspection and addressed appropriately.

# 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.

At the last comprehensive inspection this key question was rated Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership did not always ensure that systems and processes supported quality improvement. Records did not always evidence high quality and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the provider had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although we found the provider had made some improvements, not enough improvement had been made and the provider was still in breach of Regulation 17.

- The provider had introduced a new system since the last inspection to ensure staff were trained in line with guidance and best practice.
- We found that care records were in place and reflected people's needs.
- The registered manager was in the process of introducing new electronic systems to support staff in delivering effective care and improve the recording of the care that was delivered.
- New processes had been introduced to ensure feedback was sought from people to improve the quality of care being delivered. However, we found that not all the systems in place were robust enough to ensure the service was meeting the fundamental standards.
- The registered manager had failed to implement a system to ensure all staff administering medicines had their competency assessed in line with national guidance and best practice.
- Systems were in place to maintain the quality and safety of the service. However, audits to review accuracy of people's medicines administration records (MARs) were not robust. For example, during our inspection we found gaps in people's MAR's had not always been picked up by the audits the provider had undertaken. No medicine audits had been undertaken since November 2019 at the time of our inspection.
- Where issues had been identified where staff had failed to sign a person's MAR, there was no recorded action in place on how this was being addressed to prevent this from reoccurring.
- The provider did not have a robust system in place to ensure they had recorded all actions taken where they were unable to evidence staff satisfactory conduct from previous employers in health and social care roles, when recruiting new staff.
- Spot checks has been undertaken when a member of the management team had observed care staff's

practice. However, we found where areas for improvement had been identified, we could not be assured action had been taken to improve as there was no action recorded. Records did not demonstrate that these actions had been taken. We discussed this with the management team who confirmed that they would ensure these issues were rectified.

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Records were not always up to date and accurate. Audit and governance systems were not always effective in identifying when the service was not meeting their regulatory requirements. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had introduced a audits to support the quality improvement of the service such as care record audits.
- Staff talked passionately about the ethos of the service and how they ensured they always provided a high-quality service because they were allocated enough time to ensure quality was factored in. One staff member said about the service and their colleagues, "Yes, it's a very family orientated environment."
- The management team understood the requirement to keep the Care Quality Commission (CQC) informed of incidents and events that occurred at the service, as legally required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were empowered to have control of their lives through person-centred care. People were at the heart of the service. Staff were passionate and continuously strived to achieve good, positive outcomes for people.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents. A relative told us, "We are happy, the care is excellent, [staff] supporting my [loved one] are very good."
- People, relatives and staff we spoke with said that they felt the service was well managed. One person said, "Yes. Problems are dealt with straight away, they take any suggestions in consideration."
- Another person told us, "I have been with different care agencies for 10 years, previous one for 6 years, having that experience over the years, I know which are good and bad and this one is great. They have attention to detail and care. Senior management make sure the quality is everywhere."

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 management team understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Processes were in place to respond appropriately if something goes wrong and meet their legal obligation according to the duty of candour.

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

- There were regular meetings which provided staff with the opportunity to meet colleagues and share their knowledge. A staff member told us, "Yes. We do [have meetings] every month. If needed, we can talk if something comes up."
- Staff said that they were asked for their feedback about the service. Staff said that they were confident to raise any concerns with the management team.



- The service had worked with staff in health care services that helped people receive effective coordinated care. One healthcare professional told us, "Whenever needed, they have never been shy to ask others or work with others."
- People and their representatives were asked about the quality of the service via a range of methods.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not met</p> <p>The registered person failed to ensure that persons providing care or treatment to service users have their competence, skills and experience to do so safely reviewed. The registered person failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not met</p> <p>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>