

One Community Eastleigh

One Community

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

The inspection took place on 25, 26 and 27 September 2018 and was announced.

One Community offers a range of services to the local authority but the part of the service which is regulated and inspected is known as the 'Care and Respite Service', or the 'Take a Break Service'. The service supports people, who may be older, disabled, have physical or mental health needs and who live with other people who care for them, known as 'carers'. A 'sitting' service enables carers to have a break for a few hours, on a weekly, fortnightly or monthly basis. Some of the people receiving support were also in receipt of a care package that was provided by other care providers who would undertake personal care on a more regular basis.

The main role of staff at One Community is to be with people who would be vulnerable if left alone, to ensure they are safe. Whilst spending time with people, they engage in conversation or activities, if the person wishes. Additionally, people sometimes require support with personal care, such as going to the bathroom. The service does not offer personal care as a stand-alone service although it is registered to provide this if needed. At the time of our inspection the service provided care and support to 18 people, but not everyone required support with personal care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

The manager and staff with management responsibilities knew their role and responsibilities in ensuring a high standard of care.

Records relating to people's care were accurate, up to date and stored appropriately.

One Community

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.

This inspection took place on 25, 26 and 27 September 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help with the planning for this inspection and to support our judgements.

Inspection activity started on 25 September 2018 and ended on 27 September 2018.

On the 25 September 2018 we telephoned and spoke with three people using the service and two relatives to obtain feedback on the care and support people received. We visited the office location on 26 September 2018 and spoke with the registered manager and care manager. We reviewed care records and documents central to people's health and well-being. These included care records relating to four people, recruitment records for four staff members, staff training records and quality audits. On the 27 September 2018 we telephoned and spoke with three members of staff.

We last inspected the service in July 2016 and rated the service as Good. At this inspection the service remained Good.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe with my carer". A relative told us, "Very happy with our carers. It gives me peace of mind knowing (name) are safe whilst I'm out of the house".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Staff we spoke with told us they would not hesitate in raising concerns outside of the organisation if they felt the need to do so.

There were enough staff deployed to meet people's needs. Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer most of the time. We get on great and she knows all about me".

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives. These included people's mobility, nutrition and medicines. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

Most people receiving care and support were able to manage their own medicines, or these were managed by their relatives or other visiting providers of care who cared for them on a regular basis. There were however systems in place to ensure that medicines were managed safely should the need arise.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. One person told us, "They know what they are doing and do it very well, I look forward to seeing them (staff)". A relative told us, "They come and sit with my wife once a week for three hours which gives me the chance to go off and do some shopping. I am confident that if anything happened whilst I was away that my wife is in good hands".

People did not routinely need support from staff regarding their health care but staff were aware of people's needs. Staff confirmed if there was a medical emergency they would telephone the office or healthcare professionals as necessary.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "I do have regular meetings but I can contact the office any time if I need to".

The provider was registered to provide personal care however because the provider generally was only involved in supporting people through their 'take a break' service consent to deliver personal care was not always evident or relevant. We looked at the care plans for four people using the service and found that consent to care was requested and obtained for all. Each person using the service could provide consent for themselves about the care planning and support needs.

People and the relatives we spoke with told us that staff always sought their consent before they carried out any care or support. One person told us, "They (staff) always encourage me to do what I can for myself even if it's with their support". A relative told us, "They always start by asking how (person) is and how what they can do for them today". A member of staff told us, "Although it is rare for us to give personal care we always ask people what we can do. It might just be reading a book to them but we still need to ask them that question and seek their consent".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

Most of the people we spoke with did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

People remained positive about the care and support they received. One person commented, "The carers are all very caring". Another person said, "I'm very happy with my care. The girls (carers) that come in are very kind". One relative said, "The time they give me is invaluable. It means I can go out for a few hours knowing someone is taking care of my wife".

When providing personal care people told us staff respected their privacy and dignity. People and their relatives told us that most of the visits they received did not require any intervention with personal care but occasionally some people needed support to use the bathroom. One person told us, she (carer) is usually here for about three hours a week, just so that my husband can go to the shops. We usually just chat or read but on the odd occasion I have needed to use the loo she has respected my dignity".

People and their relatives told us they were involved, together with their loved ones in making decisions about their care and support. One person told us, "They came to see me and we put together a plan around my needs. They come and see me regularly to make sure it is still working". A relative told us, "We were all involved in arranging the care (person's name) needed. We sat down with (name of registered manager) and together we sorted out what care we needed. The registered manager calls in very regularly to make sure everything is working well".

People were provided with a Care Services Guide book when they started to use the service. This included the aims and objectives of the company in providing care, types of services provided and how to make a complaint. It also contained information on how to contact organisations such as, Care Quality Commission, Local Government Ombudsman Service and the Local Authority.

Is the service responsive?

Our findings

Before receiving care, people's needs were assessed by one of the management team to ensure the service was suitable and could meet their needs and expectations. Care plans were detailed and provided staff with guidance on how people wanted their care to be given if required. Care plans included information about people's cultural and religious heritage, daily activities, included leisure time activities, communication and guidance about how support should be provided.

People told us they received the care they wanted. One person said, "They came to see me, we went through what I could do and what I could not do and where I needed the help". This was to identify what was important to the person and how their individual needs were to be met. Care plans were routinely reviewed or if needs or circumstances changed. For example, where people had been admitted to hospital a full review of their care needs would be undertaken by the provider on their discharge to ensure they could still meet the persons care and support needs.

Staff were knowledgeable about the people they cared for. For example, staff's knowledge about people's previous work and life experiences as well as hobbies and interests such as watching football on TV or their service history. People's care plans prompted staff as to how best meet each person's expectations in maintaining their independence. This was to live in their own home, going out to a day centre or shopping with relatives. Staff told us that they found the care plans easy to follow and that these could be referred to at any time.

The service had policies, procedures and systems in to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of our inspection people understood the information they needed regarding all aspects of their care and support and did not require information to be in specific format. For example, large print, pictorial or picture exchange cards (PECS). However, the provider had introduced a 'Speak your mind' visual aid to conversation document which contained pictures as prompts for people with communication difficulties. For example, pictures of personal care items such as, razors, toothbrush. Food items such as, toast, vegetables and fruit, and leisure items such as, television, playing cards, puzzles and board games. The document also contained a number and letter page as well as the signs used in association with British Sign Language (BSL).

People confirmed that they had various opportunities to provide feedback and that they had good ongoing relationships with their care staff and the service. Feedback responses received by the provider from people using the service were very positive. For example, staff arrived on time, staff respected people dignity and staff were knowledgeable. 100% of people recorded that the Care and Respite service increased their opportunities to everyday activities such as socialising, shopping and attending external support groups.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received no formal complaints since our last inspection. The registered manager was able to show us how they would respond to concerns and how they would communicate their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received.

Is the service well-led?

Our findings

At our previous inspection in July 2016 the provider had failed to submit a Provider Information Return (PIR) and we therefore rated this section of the report as 'Requires Improvement'. Before this inspection we asked the provider to submit a PIR and it was submitted on 2 August 2018.

People and staff were involved in improving and developing the service. This was through a quality assurance monitoring survey as well as formal staff meetings and supervision sessions. People we spoke with told us office staff called or visited them regularly to check that they continued to meet their individual needs. One person said, "I get regular calls from the office. They ask me lots of questions about my care visits but I am very pleased with things as they are".

Staff told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, "The registered manager is very approachable as are the office staff. I feel that I can talk to them about anything". Another member of staff said, "The registered manager and everyone in the office is very supportive. Always at the end of the phone if I need any help".

The registered manager had clear visions and values of the service and told us, "We aim to support our customers to maintain their independence and lifestyle by providing the highest quality of support. The main aim of the service was to provide high quality, flexible, person centred care and support". The registered manager carried out regular audits to monitor the quality and safety of the service provided. For example, care plans, accidents and incidents, complaints and staff files.

Procedures to monitor the delivery and quality of care provided by care staff included regular checks by the registered manager or care manager. This included care plans, risk assessments and day to day matters such as ensuring staff were available to support people or to provide cover if any staff were absent. The registered manager continued to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose.

Staff told us they felt able to raise concerns. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

The provider worked in partnership with Healthwatch at a local 'Pride' event in early September 2018. The

provider undertook a Healthwatch health questionnaire to gather feedback from the lesbian, gay, bisexual, and transgender community to understand people's experiences of health and social care. The information gathered was shared with local commissioners of health and social care and General Practitioners (GP's).

The provider had introduced a scheme to minimise the risk to vulnerable adults who when accessing the community alone could become lost, distressed or anxious. A bespoke 'wrist band' with a unique identification number, together with an emergency contact number was made available to people who were at risk. The registered manager told us, "This is something our organisation have developed, not just for our side of the business but the public in general. It is very simple but very effective". Relatives of people who use this scheme have told us they feel more relaxed about their loved ones remaining independent in the community with this small yet simple system.

On 2 June 2018 the provider (One Community) had received the 'The Queen's Award for Voluntary Service. Whilst the award covers the 'whole service' the citation reads, 'Delivering services to enable independence, combat social isolation and providing information and support'. The registered manager told us, "We were nominated for this award and whilst the award covers the whole service it was evident that the care and support we offer, together with the work carried out by our organisation in general was recognised and it is something we are all very proud of".

The registered manager was supported by the provider through regular fortnightly management meetings. There was a standing agenda which included safeguarding, quality, compliments, comments and complaints and health and safety. These areas give the senior management team a platform to bring any issues to the forum and discuss areas of improvement to ensure the service maintains its high standards.

The provider is required, by law, to notify the CQC of certain important events that occur at the service and in people's homes. From records viewed we found that they and the registered manager had notified us about these events where required.