

One Day At A Time Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

One Day At a Time Home Care Limited is a domiciliary care service providing care and support to people in their own homes to promote their independence and well-being. At the time of the inspection personal care was provided to 14 people.

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

The provider and the registered manager had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notice carried out by CQC had been implemented. Not all the requirements of the warning notice had been met.

The registered manager had ensured that people's care files contained comprehensive risk assessments that were highly detailed and gave step by step guidance to staff. However, some waterlow did not detail specific actions staff would need to take.

The registered manager had applied for all staff to have the required staff recruitment checks with the Disclosure and Barring Service. People were protected from having staff work with them who were not suitable. However, 2 out of 4 staff files looked at did not show a full employment history. There were still gaps in staff's employment history that needed to be obtained.

The registered manager had gained feedback, via questionnaire, from people and staff following on from the previous inspection where this had not previously been received.

The registered manager had introduced a staffing structure into the service that gave staff clear defined job roles and job descriptions, that improved the way people and staff were supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 June 2019) when 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.

Following our last inspection, we served a warning notice on the provider and the registered manager. We required them to be compliant with Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 9 September 2019.

Why we inspected

This was a targeted inspection based on the warning notice we served on the provider and the registered

manager following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the governance of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

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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

The inspection was carried out by one inspector.

Service and service type

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

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

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 inspection

We reviewed information we had received about the service since the last inspection. We had a meeting with the provider to discuss their improvements in relation to the warning notice served at 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 reviewed a range of records. These included four people's care plans, associated monitoring records and daily notes. We also looked at a variety of records relating to the management of the service, including quality assurance, incidents and accidents, supervision, spot checks and observations, 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Not enough timely action had been taken and the provider was still in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

Staffing and recruitment

At the last inspection the registered manager failed to ensure that people employed by the service were fit and proper persons employed. Not enough action had taken place to make improvements. After the inspection we have asked the registered manager to provide evidence that full employment history had been taken.

- The registered manager had applied for all staff to have the required staff recruitment checks with the Disclosure and Barring Service following the previous inspection. People were protected from having staff work with them who were not suitable.
- The registered manager had introduced full employment history forms in staff files. However, 2 out of 4 staff files looked at did not show a full employment history. There were still gaps in staff's employment history that needed to be obtained.
- The registered manager stated they implemented a new staffing structure and set interview questions dependent upon the role following the last inspection where these were not in place. They provided evidence of these interview questions during the inspection.
- All new members of staff had a completed application form and interview notes.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At the last inspection the registered manager failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. Actions had been taken to make improvements.

Enough timely action had been taken and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question

- The registered manager had ensured people's care files contained comprehensive risk assessments that were highly detailed and gave step by step guidance to staff.
- For example, where required, care files had waterlow risk assessment forms. Waterlow is a tool used to identify and determine if a person is at risk of developing a pressure ulcer and provides guidance on

preventative measures that should be taken. However, on the 'action required' section of the document, in two care files, further written guidance for staff needed to detail what specific steps would need to be taken regarding identifying, reporting and recording about the pressure ulcer. Staff had received online training on pressure sores. The registered manager stated they would ensure all specific steps would be detailed to meet the persons specific requirements.

- For people who required the use of a hoist or rotunda, there was a risk assessment with detailed guidance and control measures to ensure safe transfers or moving and handling procedures. The registered manager told us staff had received training from the occupational therapist on how to use the equipment specific to the people that they worked with.
- The registered manager ensured care files now contained body maps when people had an accident or incident. These body maps detailed where there was an injury and referrals made following this.
- The registered manager had introduced environmental risk assessments for people's homes. They had risk control measures in place to highlight important information to staff, so they could help people remain safe in their own homes.
- The registered manager ensured people's records accurately reflected their needs which supported staff in safeguarding people. At the time of the inspection 11 out of 14 staff had completed safeguarding adults' induction training.
- The registered manager had ensured all sections of risk assessments and care plans were completed, as at the previous inspection it was found that risk assessments and care plans were incomplete.

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 inspection this key question was rated as inadequate. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

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

At our last inspection the provider had failed to demonstrate good governance. Action had been taken to make improvements.

- The registered manager had gained feedback, via questionnaires, from people and staff following the previous inspection. They told us, "We have the questionnaires back and so far we have completed the scoring matrix on them. Next, we are going to do the analysis and put an action plan in to place."
- The registered manager stated they had introduced a management meeting, where three had been held in August and September 2019. They stated these looked at, "Management issues, the recent CQC report, communication between staff and management, recruitment and training." The registered manager provided an agenda and meeting notes for these.
- The management team introduced and carried out spot checks on staff's practice in people's homes. These were recorded and fed back to staff.
- The registered manager told us they had now delegated out supervision to staff in the management team, where staff will receive supervision on a three monthly basis. It was seen from the supervision matrix that staff's supervision was taking place.
- Quarterly administration audits are being introduced to start in September 2019, which will look at audit processes within the service and paperwork compliance for staff and people. They are to ensure all paperwork is up to date and information is not missing. The registered manager showed a document for this with their planned expectations moving forward.