

One Day At A Time Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

One Day At A Time Home Care Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection 31 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

The service had ensured that medicines were given to people safely. People's risks assessments were clearly written and easy to follow, meaning that people were less likely to suffer harm.

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.

Staff worked in an open and transparent way to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems had improved however, further development was still required.

There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

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 2 April 2020). 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 regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 19 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused 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 Key Questions Safe and Well-

led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for One Day At A Time Home Care Ltd on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 a short period notice prior to 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.

Inspection activity started on 24 January 2022 and ended on 28 January 2022. We visited the location's office on 24 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included previous inspection reports, information received and notifications that had been sent to us and we sought feedback from the Local Authority. 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 four members of staff including the registered manager, care coordinator, deputy manager and care quality manager. We reviewed a range of records. This included five people's care plans and a variety of records in relation to the management of the service including audits, policies and procedures. We reviewed three people's medicine administration records and reviewed staff training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed quality assurance records and people's risk assessments. We received feedback from four other members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their prescribed medicines safely in accordance with legislation and best practice.
- Where people were prescribed 'as required' (PRN) medicines, the service had individualised guidance in place to ensure that staff knew when to administer PRN medicine.
- Documentation of medicines and guidance for all medicines was provided to care staff on an online system.
- Where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given.
- When a medicine was not given, the staff member had explained the reason within the MAR record.
- When the registered manager received alerts from the online system of missed medicines or when a medicine error was identified, an investigation took place on the same day and any actions were documented.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.
- Staff were able to explain the process they would take to raise a safeguarding concern. One staff member stated, "I would report to [registered manager]. I am aware that I can contact the local authority and the Care Quality Commission."
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.
- All staff had received safeguarding training and this was up to date.

Assessing risk, safety monitoring and management

- Risk management information should be part of the care plans to guide staff how to support people and ensure people received safe and effective support. People's care plans included sufficient information and

guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.

- Risks to people's individual conditions and abilities, such as risk of falls had been identified and there was a plan how to manage these risks safely. People's care records gave details of any equipment required and how to use it safely. One person's care record highlighted the importance of ensuring any equipment was safe and serviced.
- The provider had a business continuity plan that covered various emergencies including an outbreak of COVID-19.

Staffing and recruitment

- All other staff files contained all the necessary evidence were in line with legal requirements including employment history and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff we contacted told us they had enough time to travel between visits. This was confirmed by people who use the service. One person said, "They [staff] are generally on time and on the odd occasions when they are going to be late they will ring and let me know. They always stay for the full time...They have never missed a call."
- There were enough staff deployed to support people. Rotas showed and people confirmed that, people were consistently supported by the same staff enabling good continuity of care.

Preventing and controlling infection

- We were assured that the staff were using personal protective equipment effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- Staff updated the registered manager regarding testing for COVID-19 on a regular basis to ensure staff were able to work.
- All staff had received infection control training.

Learning lessons when things go wrong

- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt.
- The registered manager shared any lessons from the incident or accident with staff through team meetings and staff supervisions.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At the last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular reviews of documents including Medicine Administration Records (MAR), care plans, incidents and accidents and call times.
- However, auditing of one person's care records did not identify improvements required. The registered manager has provided evidence to demonstrate this record has now been completed.
- Whilst the registered manager was able to demonstrate that significant improvements had been made in relation to quality assurance, time was required to show these improvements had been embedded and sustained.
- Spot checks were completed at regular intervals for all staff and areas of improvement were documented and actioned.
- The registered manager stated their online system sent alerts of late calls or missed medicines. The alerts were reviewed regularly throughout the day in order to protect people from harm. Where errors had been identified, there was evidence action had been taken to improve the service.
- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.
- The service was well run and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- Staff praised the registered manager and wider management team, and they felt supported in their roles.

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

outcomes for people

- Staff told us they were involved in developing the service and felt listened to by the management team. One member of staff said, "[Registered manager] is nice. She is approachable. She would listen to me if I have any concerns. The team themselves like how hands on [registered manager] is..."
- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.
- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision. Any concerns that had been raised were discussed with staff members and actions were recorded.

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 worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during the lockdown.
- The Care Quality Commission sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was aware of her responsibilities in relation to this standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
- There were recent surveys that had been carried out with people and relatives. The management team were going to analyse the results so the details of action taken could be shared with staff in order to continue to improve the service.
- Staff were supported via supervisions, appraisals and staff meetings. Individual risk assessments had been carried out with staff around their personal circumstances.
- Staff commented positively on improved teamwork, staff morale and communication within the team.
- We reviewed the incidents and accidents records. Records showed rapid response to issues raised and required reporting.

Working in partnership with others

- The team worked closely with the local health and social care professionals.
- External professionals were complimentary about the quality and safety of care delivered by the service and their comments included, "One Day At A Time have always been willing to work with OT and physiotherapy when there have been changes around manual handling practices and use of various equipment to manage the risks present. They have always been flexible and reacted in a timely and professional manner to my client's changing needs when delivering care. The managers are accessible and communicate well and I would be happy to recommend them to others."