

CareTech Community Services Limited

One Step South Domiciliary Care Agency

Inspection report

1-14 Martello Industrial Estate
Neason Way
Folkestone
CT19 6DR






Date of inspection visit:
03 April 2019
04 April 2019
05 April 2019

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07 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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 Step South Domiciliary Care Agency provides care and support to people with a learning disability, mental health issues and other conditions living in their own homes. At the time of our inspection 21 people received the regulated activity of personal care. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Overall the service met the characteristics of Requires Improvement.

- Communication between management and staff was not always sufficient, there had been some dissatisfaction within the staff team which had not been resolved quickly. Up until January 2019 managers oversaw different geographical areas.
- Records around managing people's behaviour did not always reflect if behavioural guidance was being followed by staff. Support guidance did not always promote a positive behaviour approach.
- Staff spoke with people with kindness and respect, people were asked for permission before being supported with any care needs.
- There were enough staff to meet people's needs, people were involved in recruiting new staff.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff were trained in safe medicines management and people were involved in making decisions about how they took their medicines.
- Any incidents were recorded and analysed so additional measures could be implemented to minimise further incidents.
- People needs were continuously assessed.
- There was an ongoing programme of training and staff had regular supervision. Staff said they could contact a manager at any time for help and advice.
- The service was compliant with the Mental Capacity Act 2005.
- People were supported to eat and drink what they liked and when they wished. Staff advised people about healthy choices but respected their wishes if they chose unhealthy options.
- People were supported to look after their health as much as possible. People were supported to attend healthcare professional appointments.
- Each person had their own individual care plan which detailed the support they required. People were involved in their care plans.
- People had identified various goals to work towards.

- People were supported to raise any concerns.
- There was no one being supported with end of life care at the time of our inspection. People had been asked about their end of life wishes.
- The registered manager had a clear vision of the direction of the service and staff were positive about their appointment.
- The registered manager audited various aspects of the service including incidents and accidents and produced monthly reports.
- Feedback was sought from people, staff, relatives and professionals so the service could improve.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people were encouraged to be a part of the local community; attending clubs, day centres, leisure centres, local shops, pubs and other local services. People were supported to make their own decisions and be as independent as possible.

Rating at last inspection:

The provider had re-registered this service in April 2018, so this was the first rated inspection under their new registration.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement: Action we told provider to take (refer to end of full report).

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

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 Step South Domiciliary Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

The service provides personal care for people with a learning disability, mental health issues and other conditions in their own home, some people chose to live together. People had their own bedrooms and shared communal spaces. The Care Quality Commission (CQC) regulates only the care provided, we do not regulate the premises where the person lives.

The service had a manager registered with CQC. 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. The registered manager had taken up post in November 2018 and registered with the Commission in February 2019.

Notice of inspection:

We gave the service 48 hours' notice because we needed to be sure that people who wanted to speak with us were available. Inspection site activity started on 03 April 2019 and ended on 05 April 2019. We visited the office location on 03 and 05 April 2019 to see the registered manager; and to review care records and policies and procedures. On the 04 April we visited people in their homes.

What we did:

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious injuries. The provider had completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. • Before the inspection we spoke to three relatives.

During the inspection we looked at the following:

We reviewed some records and made observations, these included;

- Five peoples care plans which included risk assessments and documents used to record day to day care.
- Four staff files and records in relation to training and supervision of staff.
- A variety of policies and procedures developed and implemented by the provider.
- Accidents and incident records.
- Records relating to the management of the service.
- We spoke with six people and spent time observing interactions between staff and people.
- We spoke with the registered manager, two other managers, the administrator and eight staff.
- After the inspection we spoke with one relative.
- After the inspection we received feedback form one healthcare professional.

After the inspection we received additional evidence from the provider which we took into consideration when making our judgments.

Is the service safe?

Our findings

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

RI: ☐ 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Records around managing people's behaviour did not always reflect if behavioural guidance was being followed by staff. Support guidance did not always promote a positive behaviour approach.
- One person's behaviour guidance which had been in place a long time had not been re-assessed to identify changing needs. For example, incident forms contained recordings such as, 'We explained we have to stick to procedures' when dealing with the persons behaviours that could challenge others.
- The same person's behavioural guidance said they should be left alone in their bedroom for five to ten minutes to calm down when they displayed certain behaviours. They should be checked after five minutes then again at ten minutes and staff should stand outside their bedroom door should they need assistance. Behaviour records did not contain enough detail to be assured the person had been supported according to their support plan. For example, one incident record said the person had been screaming for four hours and had been left in their own room until they had calmed down. It was not recorded how frequently the person was checked or if this strategy continued to be appropriate in supporting the person well. We followed this up with the registered manager and staff who told us the person was not left for long periods of time although they agreed records did not confirm this. There was a greater impact on the person as they were unable to move without assistance should they wish to.
- Some important information had not been included about the persons behaviour which meant staff may be unaware and this could pose a risk, particularly as agency staff were used and relied on documentation.
- We discussed this with the registered manager who said they would arrange for the providers internal behaviour specialist to review guidance. The registered manager said, "I agree, the behaviour support plan needs looking at, as this is not positive behaviour strategy and recordings of this need looking at."
- The registered manager sent us information after the inspection to demonstrate they had taken action.

The provider had failed to do all that was reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people had been supported well in managing behaviours that could pose a risk. People had been involved in making decisions around the support they received to help them take ownership of their lives.
- For example, one person had agreed with staff goals in managing certain behaviours that could impact on their health. At times they found communication difficult so had bought an additional telephone to communicate with staff via text. A 'disorientation' chart helped the person communicate their needs and express their feelings. This helped staff prevent triggers and understand warning signs to help the person manage their behaviours.
- People were encouraged to take positive risks and were supported in a way that did not overly restrict

them. For example, one person wanted to become more independent, they had arranged to meet their friend alone and planned to take the bus. Staff arranged a time to telephone the person to check they were okay.

- Other risk assessments had been implemented to support people to remain safe.

Staffing and recruitment

- There were enough staff to meet people's needs.
- One person had been identified as needing additional support hours during the night. Action had been taken to re-deploy staff and put in measures to meet the person needs until further hours could be agreed with care commissioners.
- Some people told us they did not like to be supported by agency staff. One person said, "I don't think we should have a lot of agency, I don't like agency, I'm really frightened with new staff."
- The registered manager had acted to address this. A number of staff had been recruited and were waiting for the necessary employment checks before they commenced work.
- A staff member said, "At the moment there's quite a bit of agency but we are getting five new starters soon. We try not to use agency. We try to make agency staffing consistent. (Person) doesn't like a lot of change so we select specific staff for people."
- People were involved in recruiting new staff. One person told us, "I go to the job centre to employ staff, I interview staff, I like to do this very much."
- Staff recruitment was robust, Staff had been recruited safely to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- A person told us, "I feel safe here, I've never had an accident." A staff member said, "I feel I would be listened too, If I saw a staff member abusing a person I would tell (service manager) straight away. I'm not there for the staff I'm there for the person."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff understood their responsibilities to keep people safe.
- The provider had effective safeguarding systems in place and staff had received appropriate training in this area.

Using medicines safely

- One person said, "I'm happy with my meds being administered, staff do it."
- Staff were trained in safe medicines management and people were involved in making decisions about how they took their medicines.
- People could choose where their medicines were stored and kept securely. People were assessed to see if they could self-administer their medicines.
- Medicines were regularly audited to check for any errors. If any errors were made staff were competency checked and re-trained before being allowed to administer medicines again.
- A relative said, "I wasn't happy about some of the medication (relative) was on (prescribed), they (staff) do take what I say into account and listen."

Learning lessons when things go wrong

- Any incidents were recorded and analysed so additional measures could be implemented to minimise further incidents.
- There had been a recent serious incident where a person had been burned. The registered manager took appropriate action to investigate the incident and implement changes to prevent a repeat of similar incidents. This included reassessing risk assessments and further training with staff and the management

team.

- One person was in the process of moving out of the service because the placement was not suitable for the person or for other people they shared the communal space with. The person had been living at the service since before the registered manager had taken up position. The registered manager said, "We won't just let anyone move in like what happened previously. Although this is historic, we have learnt lessons and would make sure (it did not happen again)."

Preventing and controlling infection

- Staff had access to protective equipment such as gloves and aprons.
- Audit checks were conducted to ensure staff followed the policy and risk assessments in preventing and controlling infection.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were continuously assessed.
- For example, one person had had a recent mental health crisis. Additional hours of support had been implemented and strategies to support the person had been agreed. The person had recently successfully travelled independently. Staff had assessed and planned with the person how they could achieve this.
- One person had been admitted to hospital after a fall. The registered manager said before they came back to the service they would be assessed to ensure staff were able to continue to meet the person's needs.
- The registered manager had improved how people were assessed before moving into the service. They said, "We won't have any people that don't fit the group. We have to be careful because they don't all have their own front doors and have shared spaces."
- One person visited several times and got to know people before moving into to shared accommodation to ensure everyone was happy with the arrangement.

Staff support: induction, training, skills and experience

- There was an ongoing programme of training which included face to face and practical training, carried out in the providers training room.
- eLearning training including refreshers was also undertaken as needed.
- The registered manager delivered workshops to improve staff knowledge and understanding of specific areas. Recently they had delivered a workshop on the principles of supported living.
- One staff member said, "Training is great, we have training with (trainer employed by the provider) here, he's brilliant always at the end of an email." Another staff member said, "I did the supported living workshop it was interesting. Do other training at Folkestone, no problems I get enough support from managers".
- New staff completed four days of induction training which included core eLearning in various areas as well as additional training to meet people specific needs for example, diabetes or epilepsy. The registered manager said positive behaviour support refresher training had been arranged for staff for May 2019.
- A staff member said, "Since day one I've felt part of the team. I really do think I've had a lot of support. I've done a lot of training."

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported in a way which met the principles of the MCA, people were not restricted unnecessarily.

- People were encouraged to make as many decisions for themselves as possible. When people were unable to make complex decisions, decisions were made in their best interests with full involvement of people who knew the person well.

- People were supported and given advice about decisions which may be unwise. Staff worked closely with people to explore all possible options so they could make their own decisions whilst still being aware of risk. For example, one person had been given a substantial amount of money. Although the person had full capacity to manage their finances staff still offered advice to the person about the consequences of spending all the money at once. Another person bought certain items when they felt low in mood, staff supported the person to understand the repercussions of being in debt.

- People were supported to access advocates (advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes).

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

- People were supported to eat and drink what they liked and when they wished.

- One person showed us the weekly plan they made with their key worker to decide their menu for the week. They said, "Every week I change what I eat. Years ago, I used to eat unhealthily but my stomach got tight, now I eat healthily."

- Staff offered people advice about healthy eating. Some people did not always want to eat healthily and staff respected the choices they made.

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

- People were supported to look after their health as much as possible.

- Staff helped people to attend and manage appointments with healthcare professionals.

- Staff worked with other healthcare professionals to provide the best outcomes for people, particularly at times when people were in mental distress.

- One person said, "I've been to the hospital today for a check-up and been given a clean bill of health."

- People had health action plans and hospital passports to provide other health care professionals with important information should they be admitted into hospital.

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

Good: ☐ 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

- A health care professional said, "This is a very good service that supplied high quality care for people with very complicated needs, particularly in personality disorders. They are responsive, thoughtful, and have great depth to their care and thinking. I would be very reassured if a relative of mine was under their care."
- Peoples protected characteristics were considered. (The Equality Act 2010 protects certain characteristics including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion, sex and sexual orientation). For example, people were supported to attend places of worship should they follow a religion.
- When people became anxious or distressed staff sat with them and listened to what they said, offering reassurance at appropriate points during the conversation.
- People were spoken to in a respectful and caring way.
- Staff communicated at a pace people preferred and called them by their preferred names.

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

- A person said, "Staff write on my board what I'm going to do each week. They talk to me about my routine and include me. I can't speak highly enough of the staff, they are very good and try to help me the best they can."
- People were encouraged to make their own decisions about how they spent their time.
- During the inspection several people and staff came to talk to the inspector in the shared lounge. There was a relaxed atmosphere where people spoke freely about what they felt about living at the service.
- People appeared to get on well with one another and staff and there was laughter and humour during the conversation.
- Staff were matched with people using a process called 'skills match'. 'Skills match' identified peoples likes and dislikes and matched them to staff so common interest could be shared.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "Staff are so good they double check on (relative). Their good at communicating with me, they've done so much to help (relative) come out of an institute."
- People were asked for permission before we visited them in their homes.
- Some people chose to speak to us in private and staff respected their wishes but where available should they want any support.
- Staff asked for permission before entering people's bedrooms and offering any assistance.
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

- The service held an event called 'The Great Hereson Bake Off' where people had baked cakes to share and socialise.
- One person had recently moved into the service. They did not currently have access to any personal money. The registered manager reassured the person they would make sure they had some money until this was sorted out.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had their own individual care plan which detailed the support they required.
- The registered manager had been updating the plans to be more person centred and detailed.
- The updates which had been made were written in a personalised way incorporating pictures to help people engage more with their plans.
- One person used a stamp to sign their care plan documents and told staff about any changes they wanted to make.
- The registered manager said they had been working on plans to be more goal orientated and person centred. Staff understood the importance of encouraging people to take ownership over their lives to improve their wellbeing.
- People had identified various goals to work towards such as money budgeting, managing their food, gaining gym membership and employment. People planned with their key workers what activities or goals they wished to work towards.
- One person had worked towards the goal of being able to board a bus safely in their electric chair. This goal had been advised by the occupational therapist and the person had completed this with success.
- Key workers collected feedback from people through key worker meetings which were held monthly. Peoples plans were assessed to ensure a holistic approach to care and support was adopted.
- People took part in various activities and outings, including, attending day centres, and social clubs, one person had recently started driving lessons.
- People were supported to plan outings. One person was planning a trip to a zoo, staff had supported them to find out how much tickets would cost, how they would travel and what the opening hours were. Another person told us they were going to Digger Land at the weekend.
- One person said, "I go shopping, bus rides and day centre where I talk to people."
- A relative said, "(Relative) is very happy, they get to go out, does shopping, loves going on the bus, they like to be involved."
- At a recent tenant meeting a person had requested a projector and gazebo so they could organise film nights with the other people they lived with. The registered manager had put a business case forward to the provider and obtained funds for this request.

Improving care quality in response to complaints or concerns

- A relative said, "I have no concerns with the service, can't fault them."
- People were supported to raise any concerns.
- There was a complaints policy and procedure in place with an easy read version to help people understand how to raise any concerns.
- One complaint had been raised using the registered providers complaints procedure which had been

dealt with appropriately.

End of life care and support

- There was no one being supported with end of life care at the time of our inspection.
- End of life care and support was discussed with people and documented.
- One person said they were undecided about their end of life wishes and used a stamp to record this in their care file.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager oversaw all geographical areas with a service manager heading each area. Established teams worked in each geographical area for continuity of care for people.
- Before the registered manager had taken up post one service manager had covered two large geographical areas. The service manager said, "I was asked to oversee Grand Drive when it opened (as well as the area they already oversaw). It was too much, there was no support and I felt dropped in the deep end. I felt like I didn't have enough time to manage staff, I found it really difficult." A staff member said, "Service definitely improved since (service manager) is back here full time now as it was a bit of a struggle before."
- Communication between management and staff was not always sufficient. The Care Quality Commission (CQC) had received a concern raised by a whistle-blower relating to staffing numbers for one person. The provider had taken action regarding this issue before the concern was raised but communication between management and staff had been insufficient to inform staff of what action had been taken to resolve the issue. The service manager said, "I've been self-reflecting on why this happened and maybe my communication could have been better with staff about the conversations I have been having with care managers about the situation."
- A relative told us they were upset that a staff member who their loved one liked no longer worked with them and continuity in staff was very important to the person. We asked the registered manager about this and they contacted the service manager who said it was because the staff members training had expired. The registered manager said had they have been told about this sooner the staff member could have attended training the previous week.
- Most staff said there had been a big improvement since the registered manager had taken up post and additional service managers had been appointed to cover different areas.
- The registered manager had started to take steps to deal with particular staffing issues through the organisations processes but this should have been dealt with before to prevent further staff dissatisfaction.
- Although the registered manager took action when we raised issues around one person's behaviour support strategies this should have been identified and acted on as a priority particularly as the person was dependent on a high level of staff support.
- A staff member said, "There's been a massive change since (registered manager) has been here, they are so pro-active and on it."
- Statutory notifications had been sent as needed, these are notices the service is required to send to us notifying us about certain changes, events and incidents affecting their service or the people who use it.

The registered providers systems for effective communication were insufficient which had impacted on the quality of care people received. This is a breach of regulation 17(1)(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received mixed feedback from people, relatives and staff about the service. A relative said, "I have tried to contact (service manager) but never can get hold of them." Another relative said, "I have staff I can ring, my concerns would be listened too. They are doing a really good job."
- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as psychiatrist and commissioners.
- Staff could call for support and advice at any time, a manager within the organisation was on call at all times.
- A staff member said, "We get observational and formal supervision every four to six weeks. It's a chance to talk about practice and progression."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a clear vision of the direction of the service. Through workshops and staff meetings they had begun to engage the staff team in their vision. Most staff were positive about the direction of the service since the registered manager had taken up post. The registered manager had implemented a service development plan for the year, they used this to review how much progress the service had made according to the goals they had set.
- People and staff appeared relaxed in approaching the registered manager and service managers throughout our visit.
- The registered manager had daily contact with the service managers and visited the different locations weekly or fortnightly. They also conducted unplanned spot checks.
- Staff meetings and group forums were arranged to discuss events, and create action plans.
- The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date.
- They obtained information from organisations such as CQC and Skills for Care to ensure care practice was up to date. They attended the providers manager meetings and annual regional meetings where national standards were addressed.

Continuous learning and improving care

- The registered manager audited various aspects of the service including incidents and accidents and produced monthly reports. This ensured trends and patterns were identified so further incidents could be reduced.
- There had been a gas leak at one of the shared locations. Staff followed the contingency plan which worked successfully. The result of this was the disruption to people's lives was kept to a minimum. This was important considering some people's needs around maintaining routines.
- The registered manager had recently sent out questionnaires to people, staff and relatives and had only received two response which were both positive.
- A comment from a health care professional said, "The support staff team and management have dealt with (person) extremely well under difficult circumstances. They have gone above and beyond to ensure the safety and wellbeing of this person. I have always been able to contact easily and have received a quick response"
- Questionnaires had been sent the previous year with responses analysed and action taken from any

comments received about how the service could improve.

- Quality assurance safety checks were completed to ensure people's homes were safe. This included audits on equipment and infection control.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonable practicable to mitigate risks. Regulation 12(1)(2)(a)(b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered providers systems for effective communication were insufficient which had impacted on the quality of care people received. Regulation 17(1)(2)(a).