

# One To One Home Care Agency Limited

## One to One Homecare Limited - Head Office

### Inspection report

30 Alexandra Road  
Lowestoft  
Suffolk  
NR32 1PJ

Tel: 01502585363

Date of inspection visit:

20 June 2019

21 June 2019

24 June 2019

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13 August 2019

### Ratings

Overall rating for this service	Good ●
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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

### About the service

One to One Homecare (Head Office) is a domiciliary care agency providing care to people in their own homes. 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. At the time of the inspection there were 123 people receiving personal care and support from the service.

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

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 told us they felt safe and that they were supported by reliable, regular staff who arrived to support them at the agreed time. Staff had an understanding of safeguarding and identified potential abuse, so this could be investigated and acted on by the management of the service. People were supported appropriately with their medicines.

Staff received appropriate support and training for the role. There were opportunities for staff to further develop their skills, knowledge and progress into roles with more responsibility. Plans were in place to introduce an appraisal system.

People told us staff were kind and caring towards them. They told us staff treated them with respect and cared for them in line with their preferences.

Where required, people received appropriate support to maintain good hydration and nutrition. The service worked well with other agencies such as dietitians, district nurses and doctors to ensure people had joined up care. People were supported to make and attend appointments with healthcare professionals where this was part of their agreed care plan.

People and their representatives were involved in the planning of their care. Their views were reflected in their care records. People's care records were individualised and contained sufficient information about their past history and preferences for staff to provide them with person centred care.

There was a robust quality assurance system in place capable of identifying areas for development and improvement. The provider had recently appointed a quality assurance manager to oversee the service provided by each office. People were given an opportunity to feedback their views on the service and their comments were acted on.

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 good (published 23 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# One to One Homecare Limited - Head Office

## **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 and an Expert by Experience. The Expert by Experience made telephone calls to people using the service to find out about their experiences.

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 24 hours' notice of the inspection. This was because we needed to make sure someone would be present at the office.

Inspection activity started on 20 June 2019 and ended on 25 June 2019. We visited the office location on 20

June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and 4 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, training manager, quality manager and care workers.

We reviewed a range of records. This included seven 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 were reviewed.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe when staff visited them. One said, "I feel very safe with them, they've never let me down."
- ☐ People were protected from the risk of potential abuse by staff who understood safeguarding and how to spot the signs of abuse. At the time of our visit one staff member had highlighted a concern about one person's welfare, which the management had acted on promptly, providing support to the person.

Assessing risk, safety monitoring and management

- ☐ The service carried out comprehensive assessments of the risks to people. Where risks were identified, the service put in place protocols to inform staff of the risk and how it should be reduced. Information was also provided in these protocols about what staff should do if the risk occurred. For example, what they should do if someone was choking.
- ☐ These assessments were repeated regularly to ensure that the service had an up to date overview of the risks to people. The registered manager showed us a risk tracker which set out the risks to each individual. They told us this was accessible by all office staff and meant that everyone, including those organising care calls, had oversight of risk.

Staffing and recruitment

- ☐ People told us they received support from regular carers who knew them at the times they had agreed. The service deployed sufficient staff to ensure all visits to people were covered. Care visits were organised geographically to reduce the risk of staff being late.
- ☐ One person told us "They've never missed me off, and they promise to come 15 minutes either side of my actual time. Fact is, they're hardly ever a few minutes out."
- ☐ Systems were in place to monitor whether staff arrived on time, stayed for the agreed amount of time and performed all the tasks expected.
- ☐ The service practiced safe recruitment procedures. This included carrying out checks to ensure prospective staff were safe to work with vulnerable people.

Using medicines safely

- ☐ People told us they received appropriate support with their medicines where this was part of their agreed care plan. One said, "They sort my tablets out, very efficient they are." Another person commented, "My calls are linked up to my medication times, it always works."

- People's care records made clear whether they required support with their medicines and how this support should be delivered.
- Staff received training in administering medicines and their competency was checked at regular unannounced spot checks.
- The registered manager told us they were planning improvements to the records staff recorded medicines administration on. They were working with local pharmacies as part of this development.

#### Preventing and controlling infection

- The service put measures in place to reduce the risk of the spread of infection.
- Staff told us they had access to appropriate protective (PPE) clothing such as gloves and aprons when carrying out personal care. Regular unannounced spot checks were carried out by senior staff to check whether staff were wearing their uniforms and appropriate PPE when supporting people.

#### Learning lessons when things go wrong

- Incidents and accidents were reported by care staff. These were reviewed and investigated by the registered manager to determine if any action was required to reduce the risk of recurrence.



# 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 good. At this inspection this key question has remained the same.

This meant 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

- ☐ Comprehensive assessments were carried out of people's needs before the service started supporting them. Their needs were holistically assessed, taking account of their views and preferences about care delivery.
- ☐ People's care records were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- ☐ The service provided staff with a wide range of training. This included training tailored to staff supporting some people with more specific care needs. The service had a training manager and training staff who were qualified to deliver in house training to staff.
- ☐ People told us they felt the staff were well trained. One said, "I feel like I'm in safe hands with them, I think they have a good deal of training, so they know what they're doing."
- ☐ Staff had opportunities to develop in their role and study for higher level qualifications. Progression to roles with more experience was encouraged and supported to ensure continual development of the staff team.
- ☐ New staff attended a comprehensive induction, which included completing the Care Certificate and shadowing other staff carrying out their duties.
- ☐ Staff had regular supervision sessions with senior staff to discuss training needs and development. The registered manager told us they were looking at developing this further in future.
- ☐ Regular unannounced spot checks were carried out of staff practice to assess whether training was effective.

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

- ☐ Where people required it, the support they needed to maintain healthy nutrition and hydration was set out in their care plans. There were risk assessments in place to guide staff on how to reduce the risk of malnutrition and dehydration.
- ☐ People who required support told us that staff delivered this to their satisfaction.

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

- Where it was part of their agreed care plan, the service helped people access support from external healthcare professionals such as GP's or dieticians.
- People told us that staff noticed where they were unwell and asked if they needed any outside support. One said, "I had a sore achy leg the other day, they remembered and checked how it was the next day."
- Some people had input from other healthcare professionals such as district nurses. Records were kept of communications between the service and other healthcare professionals so any changes to care planning could be considered.

#### 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.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA).

- The service assessed people's capacity in accordance with the MCA where required. The management and staff were aware of their responsibilities with regard to the MCA.
- People told us that staff listened to their wishes and supported them with making day to day decisions. One said, "They are always guided by me, what I want, and how I want to do it."

# 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 Good. At this inspection this key question has remained the same.

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

- ☐ All the people we spoke with told us that staff were kind, caring and respectful towards them. One said, "They are absolutely brilliant to me, treat me very well indeed." Another person told us, "My regulars notice when I'm having a dark day, they know how to deal with me, and they normally get me laughing about something silly. They know how to 'lift' me out of it." A relative commented, "They are so lovely, we have a good old laugh together."
- ☐ There was a culture of caring in the service which was evident in the actions of the care staff and the management. One person told us the service had been particularly supportive when their relative passed away. They told us, "They got me through that, and through [relative's] funeral. Even now they will take me up to [relatives] grave if I want to go."
- ☐ During our visit, we saw the training manager supporting one person with their bills and finances. The registered manager told us this was because a carer had noticed they did not have much food and the person told the carer they had very little money. With their permission, the training manager was ringing their utility suppliers to recoup money they had overpaid and to help them with ensuring they had enough money to maintain a good standard of living.
- ☐ The service supported meaningful relationships between people, their families and staff. They ensured that people received support from a group of regular carers who they knew well. People's preferences, such as around the preferred gender of care staff, were taken into account when organising people's visits. One person said, "I think they work hard to get the right sort of staff. They sometimes ask for my feedback about the new recruits, I think that's very good." A relative told us, "[Relative] gets on really well with them all, they've taken the time to suss him out." Another relative said, "[Relative] has a great rapport with them all."

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

- ☐ People and their representatives were directly involved in the planning of their care and support. Their views were detailed in care planning and the times of their visits were scheduled according to their preferences.
- ☐ People's care plans were reviewed regularly with them and their representatives to ensure any necessary changes were identified. A relative told us they found these reviews helpful and said, "They always listen to us, and make us feel we can tell them anything."

## Respecting and promoting people's privacy, dignity and independence

- ☐ People told us the service supported them to remain independent. The tasks people could complete independently were set out clearly in their care records to reduce the risk of them being over supported.
- ☐ One person told us how the only support they received from staff was to put their medical stockings back on after a shower. They said, "That's literally all they do, though they've offered to do more for me. They twiddle their thumbs whilst I'm in the shower, but then help me back on with my stocking."

# 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 Good. At this inspection this key question has remained the same.

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

- ☐ People's care plans were personalised and contained information about their likes, dislikes, hobbies and interests. People told us staff knew them well. One said, "They even bother to sit me down and comb my hair for me, just the way I like it. They don't have to do that, but they know I like it." Another person told us, "They know about my family, they ask after them which is nice."
- ☐ There were life histories in place for people living with dementia. This was particularly important for people who may not always be able to recall this information independently.
- ☐ People were supported to attend and engage in activities where this was part of their agreed care plan.

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.

- ☐ People were provided with information in a way they could understand.
- ☐ The way the service communicated information to people was tailored to their individual communication needs.

Improving care quality in response to complaints or concerns

- ☐ There was a complaints procedure in place which people told us they were aware of. A service user handbook was included in the care records kept in their home, which set out how they could complain.
- ☐ People told us they felt they were listened to by the service and that if they had a complaint, it would be acted upon. One person told us they had complained because a carer came to their home smelling strongly of cigarette smoke. They said, "I phoned the office, they took it very seriously and I've not seen that carer since."
- ☐ We reviewed the records of three complaints and found that these had been investigated and responded to appropriately. It was clear what action had been taken and how this had been resolved to the complainant's satisfaction.



# 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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The registered manager and leadership team promoted a culture which was caring, respectful and inclusive. This was evident in the positive feedback we received from people using the service, who consistently told us about how staff went the extra mile for them. A relative told us about the extra support the service gave her when she was caring for her late relative. They said, 'I'd ring the office if [relative] needed extra support in between their visits and they'd just send someone to help me whenever. If ever I was in trouble, they'd just turn up.'
- ☐ The service regularly gave people the opportunity to feedback on the service they received. People told us they received a questionnaire and they were also asked at regular care reviews and when senior staff carried out unannounced spot checks of staff practice. One person told us, "I get sent two questionnaires yearly, and they visit me two or three times a year too. They're very caring, and I think they want to get it right for us." The results of these surveys were collated and analysed for trends. Any areas for improvement were identified and acted upon.
- ☐ Staff were given the opportunity to complete anonymous questionnaires about working for the service. They were also able to voice their opinions at staff meetings. This meant staff felt valued and like their views mattered.

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 and continuous learning and improving care

- ☐ The provider understood their legal responsibilities with regard to duty of candour and ensured that people's complaints were thoroughly investigated and acted upon. They ensured people received a written apology where improvements were required and that they were informed of how their complaint had been resolved.
- ☐ The provider and management team were committed to continuous learning and improvement. The provider had recently appointed a new member of staff to oversee quality assurance at a more senior level and to oversee the performance of management teams. This was a new role, so the service was still in the process of putting in place new quality assurance systems.
- ☐ The service had a system for carrying out unannounced spot checks on staff practice. One person told us,

"We have random checks too. The carers aren't expecting it, and one of the seniors turns up to watch. [They] just stand in the doorway to check everything's going ok. That makes us feel they really care."

- The registered manager told us about plans that were in place for improvements to medicines administration. They were currently working with local pharmacies to consider how medicines administration could be better recorded.

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

- The registered manager carried out regular audits of medicines practices, care planning and the daily records staff completed. At the end of each month the records staff completed in the person's home were returned to the office and were reviewed by senior staff. This meant any shortfalls in recording could be identified.

- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Working in partnership with others

- The management team had built positive relationships with other agencies. Feedback from Suffolk County Council was positive, and they told us they had received no complaints from people they commissioned the care for.